

Ukraine's Future / Minimum-Wage Wars / Wes Anderson

TIME

CODE RED_

Inside the nightmare launch of HealthCare.gov
and the team that figured out how to fix it

BY STEVEN BRILL



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Honestly

I don't love change.



Surface 2
\$449

But the new Windows still has my desktop and works with the stuff I already have, like my printer and camera. Plus it's got new stuff, like touch and Bing Smart Search. Maybe change isn't so bad.

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Part of the team that salvaged HealthCare.gov. From left: Ryan Panchadsaram, Andy Slavitt, Paul Smith, Jeff Zients, Mike Dickerson, Todd Park and Jini Kim

Photograph by Stephen Voss for TIME



Protesters in Kiev scale a barricade on Feb. 20, two days before the Ukrainian President fled the city. Photograph by Yuri Kozyrev—Noor for TIME

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Television producer Mark Burnett



Tilda Swinton, page 52



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Editor's Desk

BY NANCY GIBBS

Rescue Mission



IT HAS NOW BEEN A YEAR SINCE we published Steve Brill's groundbreaking exploration of hospital pricing, "Bitter Pill: Why Medical Bills Are Killing Us," which was our most read story of 2013. Since then, Steve has continued to track the changing health care landscape, particularly as President Obama's Affordable Care Act went online. Even before the official launch of Obamacare, Steve was struck by how disorganized the process seemed and how focused the White House was on making sure people would enroll—as opposed to making sure they could.

In October, after HealthCare.gov crashed and the policy went on life support, Steve set out to learn what was being done to save it and whether it could be salvaged at all. He interviewed the principal players, toured the command center and came to know the website's unlikely team of tech titans, engineers and coders—many of whom, he was surprised to discover, were the same people who had left their Silicon Valley jobs to build Obama's 2012 campaign databases and outreach machinery. Recalled to duty, this time to fix the profoundly broken technology on which the President's signature achievement depended, many of them dropped what they were doing, moved into Washington-area hotels and worked around the clock, through weekends and holidays, to get the systems up and running smoothly. Apart from their technical prowess, Steve was struck—and often stymied—by their modesty. "The hardest part of the reporting," he says, "was getting them to tell me what they had personally done, because none wanted to take personal credit." By the time they had finished, HealthCare.gov was no longer making headlines every day—because it was finally working. Now, as Brill argues, the onus is back on the President to prove that the policy is working as well.

Nancy Gibbs

Nancy Gibbs, MANAGING EDITOR



BEHIND THE SCENES While photographing the protests in Kiev for "This Isn't Over" (page 42), Yuri Kozyrev (above right, with writer Simon Shuster) noticed stark parallels with another uprising he captured: Cairo's in 2011. "Both groups were incredibly well trained," he recalls. But in Kiev, there was none of the looting that swept through Cairo during the Arab Spring, and when revolutionaries in Ukraine seized the abandoned mansion of their ousted President, "they even kept people from trampling the lawns." Both revolts eventually used guns against police, but neither of them made a show of their arsenals, likely because they didn't want to scare participating students. And during both Cairo and Kiev, the lesson to leaders was clear: the use of force will only spark a cycle of violence. In Egypt, for years, it has been impossible to stop. Ukraine will have to wait and see.

NOW ON THE IPHONE

TIME's just-launched mobile app, designed exclusively for the iPhone and available on iTunes, is full of bonus features in addition to the weekly magazine. Among them: 10 audio article versions and TIME covers from the archives.



NOW ON LIGHTBOX In anticipation of the Oscars on March 2, TIME's deputy photo editor, Paul Moakley, has been interviewing nominated cinematographers. His first subject: Sean Bobbitt, director of photography on *12 Years a Slave*. "One of the pleasures of working with director Steve McQueen [above left] is that there are not shot lists and storyboards," he told TIME of the filming experience. "The idea is to find the space and then to light it in such a way that the actors can go wherever they like, and then to respond to what the actors have done."

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What You Said About ...



TRAVEL NIGHTMARES

Bill Saporito's March 3 cover story, an inside look at flight cancellations, unearthed raw memories for many readers. "Weather gives [airlines] a 'get out of financial liability free' card," wrote Joe Farrell of

Claremont, Calif., noting the inconsistent explanations he was given when he was stranded in Chicago last summer. "Weather is an act of God," agreed Bruce Glendening of Williamsburg, Va. "Airlines not communicating with customers for 16 hours nor providing website ability to rebook flights is an act of airline incompetence." Saporito found that computer-generated algorithms like the Cancellator (so nicknamed by employees at American Airlines) determine which flights will be canceled—a fact that delighted Al Roker, who offered his Arnold Schwarzenegger impression in a discussion of the cover story on NBC's *Today* show. "The Cancellator," he intoned. "I am going to cancel you. Right now!"

CHILDHOOD OBESITY A story by Alice Park on the aging effects of fat on kids' bodies drew some pointed comments about parental accountability. "Your story is horrifying," wrote Susan Stafford of Berkeley, Calif. "But no one gains weight out of nowhere. People live in denial about food. Parents eat garbage and feed their kids the same." Diabetic Peter Baxter of Brighton, England, advocated for home cooking to combat ubiquitous ads for meals "that will kill children." Meanwhile Katy Steinmetz's *TIME*.com piece on state initiatives to ban big soda was widely shared on Twitter, where food writer Mark Bittman wrote, "The soda wars escalate."

TSA SCREENERS "Save America from the Security Surveillance Police State," read one of hundreds of

NOW ON TIME.COM

To get a sense of the effects of one of the coldest winters in recent history, we went high. Watch the freezing of 88% of the Great Lakes in our time-lapse satellite imagery at time.com/science.



comments in response to a *TIME*.com essay by former Transportation Security Administration agent Jason Edward Harrington suggesting that passengers direct their screening-related frustrations primarily at TSA headquarters, not on-the-ground agents. Despite Harrington's stated dissatisfaction with the agency and its often "absurd" rules, those decrying the TSA's "vile" airport workers drowned out more even-keeled commenters like *tsaoutourpants*, who wrote, "I'm with you, Jason. Most (but certainly not all) of the frontline TSA screeners are decent people that don't enjoy abusing travelers, and change needs to come from the top."

TIBETAN WISDOM Elizabeth Dias' interview with the Dalai Lama struck a chord with global print and broadcast media and on Twitter. Among the most widely shared of the Dalai Lama's comments were his opinions on Chinese President Xi Jinping, who His Holiness said was "courageously tackling corruption"; social media ("You can't blame technology. It depends on the user of the technology"); and marijuana ("very bad" except for medical reasons). "Excellent interview," tweeted communications consultant Pamela Leavey. Added Justus Kilian, also on Twitter: "Love the Dalai."



PIERS MORGAN'S CANCELLATION TV critic James Poniewozik's take on the cancellation of the British host's nightly CNN show—in which he suggested that potential motives for Morgan's firing were as numerous as in a British murder mystery—brought out the Morgan haters. Many in the U.S., wrote *wata3001* on *TIME*.com, "have developed the idea ... that anyone with a British accent has something to say worth listening to. Here is proof positive it ain't so." Also, "he was a bore" (*meow-gee3*), and "the only humor we want to see from Britain are reruns of *The Benny Hill Show*" (*DonYaxley*). In Morgan's defense, PaulMatthew commented: "I will miss his honest, straightforward, no-bull interviews [and] more worldly view."

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Your body was made for better things than RA.

Discover XELJANZ®

XELJANZ is a prescription medicine for adults with moderate to severe rheumatoid arthritis for whom methotrexate did not work well.

XELJANZ can reduce the joint pain and swelling of RA, even without methotrexate.

Visit XELJANZ.com to learn more.

ASK YOUR RHEUMATOLOGIST IF XELJANZ IS RIGHT FOR YOU

What is XELJANZ?

XELJANZ is a prescription medicine called a Janus kinase (JAK) inhibitor. XELJANZ is used to treat adults with moderately to severely active rheumatoid arthritis in which methotrexate did not work well.

- It is not known if XELJANZ is safe and effective in people with Hepatitis B or C.
- XELJANZ is not for people with severe liver problems.
- It is not known if XELJANZ is safe and effective in children.

IMPORTANT SAFETY INFORMATION

What is the most important information to know about XELJANZ?

Serious infections. XELJANZ can lower the ability of your immune system to fight infections. Some people have serious infections while taking XELJANZ, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections. Your healthcare provider should test you for TB before starting XELJANZ, and monitor you closely for signs and symptoms of TB infection during treatment. You should not start taking XELJANZ if you have any kind of infection unless your healthcare provider tells you it is okay.

Cancer and immune system problems. XELJANZ may increase your risk of certain cancers by changing the way your immune system works. Lymphoma and other cancers can happen in patients taking XELJANZ.

Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr Virus-associated post transplant lymphoproliferative disorder).

Tears (perforation) in the stomach or intestines. Some people taking XELJANZ get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate. Tell your healthcare provider right away if you have fever and stomach-area pain that does not go away, and a change in your bowel habits.

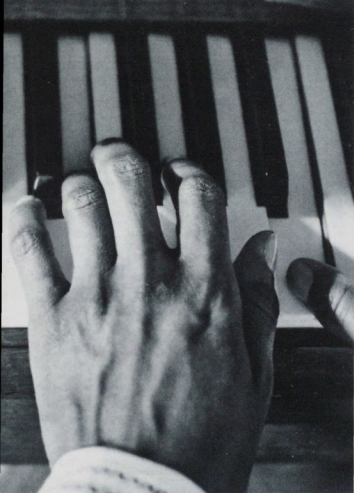
Changes in lab test results. Your healthcare provider should do blood tests before you start receiving XELJANZ, and at certain times while you are taking XELJANZ, to check for the following side effects:

- **changes in lymphocyte counts.** Lymphocytes are white blood cells that help the body fight off infections.
- **low neutrophil counts.** Neutrophils are white blood cells that help the body fight off infections.
- **low red blood cell count.** This may mean that you have anemia, which may make you feel weak and tired.

Your healthcare provider should also routinely check certain liver tests. You should not receive XELJANZ if your lymphocyte count, neutrophil count, or red blood cell count is too low or your liver tests are too high. Your healthcare provider may stop your XELJANZ treatment for a period of time if needed because of changes in these blood test results. Your healthcare provider should do blood tests to check your cholesterol levels 4-8 weeks after you start XELJANZ, and as needed after that.

Before taking XELJANZ, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as fever, sweating, or chills; muscle aches; cough; shortness of breath; blood in phlegm; weight loss; warm, red, or painful skin or sores on your body; diarrhea or stomach pain; burning when you urinate or urinating more often than normal; or feeling very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB
- live or have lived in, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use XELJANZ. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
- have or have had hepatitis B or C or liver problems



One pill, twice daily.

XELJANZ is the first in a new
class of RA treatments.

It is proven to work with or
without methotrexate.

XELJANZ is a small pill,
not an injection
or infusion.

- have ever had any type of cancer
- have kidney problems
- have any stomach area (abdominal) pain or been diagnosed with diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines
- have had a reaction to tofacitinib or any of the ingredients in XELJANZ
- have recently received or are scheduled to receive a vaccine. People taking XELJANZ should not receive live vaccines but can receive non-live vaccines.
- have any other medical conditions
- plan to become pregnant or are pregnant. It is not known if XELJANZ will harm an unborn baby.

Pregnancy Registry: Pfizer has a registry for pregnant women who take XELJANZ. The purpose of this registry is to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking XELJANZ, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll.

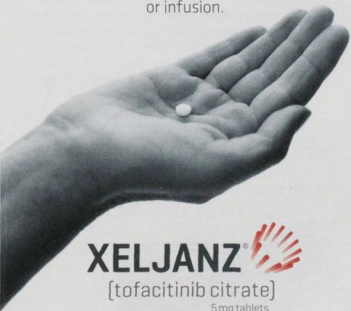
- plan to breastfeed or are breastfeeding

After starting XELJANZ, call your healthcare provider right away if you have any symptoms of an infection. XELJANZ can make you more likely to get infections or make worse any infection that you have.

Tell your healthcare provider about all the medicines you take, especially any other medicines to treat your rheumatoid arthritis.

You should not take tocilizumab (Actemra®), etanercept (Enbrel®), adalimumab (Humira®), infliximab (Remicade®), rituximab (Rituxan®), abatacept (Orencia®), anakinra (Kineret®), certolizumab (Cimzia®), golimumab (Simponi®), azathioprine, cyclosporine, or other immunosuppressive drugs while you are taking XELJANZ. Taking XELJANZ with these medicines may increase your risk of infection.

- Tell your healthcare provider if you are taking medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these.



XELJANZ 
(tofacitinib citrate)
5 mg tablets

Please lift flap for additional Important Safety Information >

Learn more inside the flap.

Your body was made for better things than RA.

Discover XELJANZ®

XELJANZ is a prescription medicine for adults with moderate to severe rheumatoid arthritis for whom methotrexate did not work well.

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- XELJANZ is not for people with severe liver problems.
- It is not known if XELJANZ is safe and effective in children.

IMPORTANT SAFETY INFORMATION

What is the most important information to know about XELJANZ?

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Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr Virus-associated post transplant lymphoproliferative disorder).

Tears (perforation) in the stomach or intestines. Some people taking XELJANZ get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate. Tell your healthcare provider right away if you have fever and stomach-area pain that does not go away, and a change in your bowel habits.

Changes in lab test results. Your healthcare provider should do blood tests before you start receiving XELJANZ, and at certain times while you are taking XELJANZ, to check for the following side effects:

- **changes in lymphocyte counts.** Lymphocytes are white blood cells that help the body fight off infections.
- **low neutrophil counts.** Neutrophils are white blood cells that help the body fight off infections.
- **low red blood cell count.** This may mean that you have anemia, which may make you feel weak and tired.

Your healthcare provider should also routinely check certain liver tests. You should not receive XELJANZ if your lymphocyte count, neutrophil count, or red blood cell count is too low or your liver tests are too high. Your healthcare provider may stop your XELJANZ treatment for a period of time if needed because of changes in these blood test results. Your healthcare provider should do blood tests to check your cholesterol levels 4-8 weeks after you start XELJANZ, and as needed after that.

Before taking XELJANZ, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as fever, sweating, or chills; muscle aches; cough; shortness of breath; blood in phlegm; weight loss; warm, red, or painful skin or sores on your body; diarrhea or stomach pain; burning when you urinate or urinating more often than normal; or feeling very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB
- live or have lived in, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use XELJANZ. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
- have or have had hepatitis B or C or liver problems



type of cancer
 grant or are pregnant. It is not known if XELJANZ
 area (abdominal) pain or been diagnosed with
 mation in parts of the large intestine) or ulcers
 intestines
 to tofacitinib or any of the ingredients in XELJANZ
 ved or are scheduled to receive a vaccine. People
 should not receive live vaccines but can receive

ical conditions
 grant or are pregnant. It is not known if XELJANZ
 baby.
 y. Pfizer has a registry for pregnant women who
 purpose of this registry is to check the health
 other and her baby. If you are pregnant or
 while taking XELJANZ, talk to your healthcare
 you can join this pregnancy registry or you may
 at 1-877-311-8972 to enroll.
 or are breastfeeding

XELJANZ, call your healthcare provider right away if you
 of an infection. XELJANZ can make you more
 s or make worse any infection that you have.

provider about all the medicines you take,
 medicines to treat your rheumatoid arthritis.
 ocilizumab (Actemra®), etanercept (Enbrel®),
 ®), infliximab (Remicade®), rituximab (Rituxan®),
 anakinra (Kineret®), certolizumab (Cimzia®),
 ®), azathioprine, cyclosporine, or other
 drugs while you are taking XELJANZ. Taking
 medicines may increase your risk of infection.
 provider if you are taking medicines that affect
 enzymes work. Ask your healthcare provider if
 your medicine is one of these.

for additional Important Safety Information >

What are other possible side effects of XELJANZ?

XELJANZ may cause serious side effects including hepatitis B or C
 activation infection in people who carry the virus in their blood. If
 you are a carrier of the hepatitis B or C virus (viruses that affect the
 liver), the virus may become active while you use XELJANZ. Tell your
 healthcare provider if you have the following symptoms of a possible
 hepatitis B or C infection: feeling very tired, skin or eyes look yellow,
 little or no appetite, vomiting, clay-colored bowel movements, fevers,
 chills, stomach discomfort, muscle aches, dark urine, and skin rash.

Common side effects of XELJANZ include: upper respiratory tract
 infections (common cold, sinus infections), headache, diarrhea, and
 nasal congestion, sore throat, and runny nose (nasopharyngitis).

You are encouraged to report negative side effects of prescription drugs
 to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see additional Patient Information on the following page.

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XELJANZ 
 [tofacitinib citrate]
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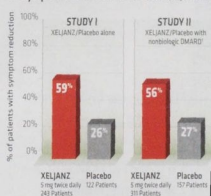
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**EVEN WITHOUT METHOTREXATE
 XELJANZ WAS CLINICALLY PROVEN
 TO REDUCE THE JOINT PAIN AND
 SWELLING CAUSED BY RA.**

Five studies, involving more than 3,000
 patients, evaluated the effectiveness
 of XELJANZ taken by itself or taken
 with a nonbiologic DMARD, most often
 methotrexate.

RA Symptom Reduction* at 3 Months (2 separate studies)



*The graphs above show that in Study I, 59% of the XELJANZ
 patients and 26% of the placebo patients had a 20% reduction
 in tender and swollen joint counts and 3 of these 5 indicators.
 †test that measures inflammation, patient assessment, physical
 assessment, pain scale, and disability/functional questionnaire.
 In Study II, 56% of XELJANZ patients and 27% of placebo
 patients had this 20% reduction.

[†]Disease-modifying anti-rheumatic drugs, including methotrexate.
 Data on file. Pfizer Inc, New York, NY.

To learn more and watch
 a video about how XELJANZ works
 go to video.XELJANZ.com





CONSUMER BRIEF SUMMARY XELJANZ (CEL JANS) (tofacitinib)

Read the Medication Guide that comes with XELJANZ before you start taking it and each time you get a refill. There may be new information. This brief summary does not take the place of talking to your healthcare provider about your medical condition or treatment.

What is the most important information I should know about XELJANZ? XELJANZ may cause serious side effects including:

1. Serious infections.

XELJANZ is a medicine that affects your immune system. XELJANZ can lower the ability of your immune system to fight infections. Some people have serious infections while taking XELJANZ, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

- Your healthcare provider should test you for TB before starting XELJANZ.
- Your healthcare provider should monitor you closely for signs and symptoms of TB infection during treatment with XELJANZ.

You should not start taking XELJANZ if you have any kind of infection unless your healthcare provider tells you it is okay.

Before starting XELJANZ, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as:
 - fever, sweating, or chills
 - muscle aches
 - cough
 - shortness of breath
 - blood in phlegm
 - weight loss
 - warm, red, or painful skin or sores on your body
 - diarrhea or stomach pain
 - burning when you urinate or urinating more often than normal
 - feeling very tired

- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB
- live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use XELJANZ. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
- have or have had hepatitis B or C

After starting XELJANZ, call your healthcare provider right away if you have any symptoms of an infection. XELJANZ can make you more likely to get infections or make worse any infection that you have.

2. Cancer and immune system problems.

XELJANZ may increase your risk of certain cancers by changing the way your immune system works.

- Lymphoma and other cancers can happen in patients taking XELJANZ. Tell your healthcare provider if you have ever had any type of cancer.

- Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr Virus-associated post transplant lymphoproliferative disorder).

3. Tears (perforation) in the stomach or intestines.

Tell your healthcare provider if you have had diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people taking XELJANZ get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate.

- Tell your healthcare provider right away if you have fever and stomach-area pain that does not go away, and a change in your bowel habits.

4. Changes in certain laboratory test results.

Your healthcare provider should do blood tests before you start receiving XELJANZ and while you take XELJANZ to check for the following side effects:

- **changes in lymphocyte counts.** Lymphocytes are white blood cells that help the body fight off infections.
- **low neutrophil counts.** Neutrophils are white blood cells that help the body fight off infections.
- **low red blood cell counts.** This may mean that you have anemia, which may make you feel weak and tired.

Your healthcare provider should routinely check certain liver tests.

You should not receive XELJANZ if your lymphocyte count, neutrophil count, or red blood cell count is too low or your liver tests are too high.

Your healthcare provider may stop your XELJANZ treatment for a period of time if needed because of changes in these blood test results.

You may also have changes in other laboratory tests, such as your blood cholesterol levels. Your healthcare provider should do blood tests to check your cholesterol levels 4 to 8 weeks after you start receiving XELJANZ, and as needed after that. Normal cholesterol levels are important to good heart health.

See "What are the possible side effects of XELJANZ?" for more information about side effects.

What is XELJANZ?

XELJANZ is a prescription medicine called a Janus kinase (JAK) inhibitor. XELJANZ is used to treat adults with moderately to severely active rheumatoid arthritis in which methotrexate did not work well.

It is not known if XELJANZ is safe and effective in people with Hepatitis B or C. XELJANZ is not for people with severe liver problems.

It is not known if XELJANZ is safe and effective in children.

What should I tell my healthcare provider before taking XELJANZ?

XELJANZ may not be right for you. Before taking XELJANZ, tell your healthcare provider if you:

- have an infection. See "What is the most important information I should know about XELJANZ?"
- have liver problems
- have kidney problems
- have any stomach area (abdominal) pain or been diagnosed with diverticulitis or ulcers in your stomach or intestines
- have had a reaction to tofacitinib or any of the ingredients in XELJANZ
- have recently received or are scheduled to receive a vaccine. People who take XELJANZ should not receive live vaccines. People taking XELJANZ can receive non-live vaccines.
- have any other medical conditions
- plan to become pregnant or are pregnant. It is not known if XELJANZ will harm an unborn baby.

Pregnancy Registry: Pfizer has a registry for pregnant women who take XELJANZ. The purpose of this registry is to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking XELJANZ, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll.

- plan to breastfeed or are breastfeeding. You and your healthcare provider should decide if you will take XELJANZ or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. XELJANZ and other medicines may affect each other causing side effects.

Especially tell your healthcare provider if you take:

- any other medicines to treat your rheumatoid arthritis. You should not take tofacitinib (Actemra®), etanercept (Enbrel®), adalimumab (Humira®), infliximab (Remicade®), rituximab (Rituxan®), abatacept (Orencia®), anakinra (Kineret®), certolizumab (Cimzia®), golimumab (Simponi®), azathioprine, cyclosporine, or other immunosuppressive drugs while you are taking XELJANZ. Taking XELJANZ with these medicines may increase your risk of infection.

- medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take XELJANZ?

- Take XELJANZ as your healthcare provider tells you to take it.
- Take XELJANZ 2 times a day with or without food.
- If you take too much XELJANZ, call your healthcare provider or go to the nearest hospital emergency room right away.

What are possible side effects of XELJANZ?

XELJANZ may cause serious side effects, including:

- See "What is the most important information I should know about XELJANZ?"
- **Hepatitis B or C activation infection** in people who carry the virus in their blood. If you are a carrier of the hepatitis B or C virus (viruses that affect the liver), the virus may become active while you use XELJANZ. Your healthcare provider may do blood tests before you start treatment with XELJANZ and while you are using XELJANZ. Tell your healthcare provider if you have any of the following symptoms of a possible hepatitis B or C infection:

- feel very tired
- skin or eyes look yellow
- little or no appetite
- vomiting
- clay-colored bowel movements
- fevers
- chills
- stomach discomfort
- muscle aches
- dark urine
- skin rash

Common side effects of XELJANZ include:

- upper respiratory tract infections (common cold, sinus infections)
- headache
- diarrhea
- nasal congestion, sore throat, and runny nose (nasopharyngitis)

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of XELJANZ. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You may also report side effects to Pfizer at 1-800-438-1985.

Get information about the safe and effective use of XELJANZ.

Medicines are sometimes prescribed for purposes other than those listed in a brief summary. Do not use XELJANZ for a condition for which it was not prescribed. Do not give XELJANZ to other people, even if they have the same symptoms you have. It may harm them.

This brief summary summarizes the most important information about XELJANZ. If you would like more information, talk to your healthcare provider. You can ask your pharmacist or healthcare provider for information about XELJANZ that is written for health professionals.

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Learn how at www.XELSOURCEHelps.com

This brief summary is based on XELJANZ Prescribing Information LAB-0445-2.0
and Medication Guide LAB-0535-1.0.

Issued: November 2012.

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Briefing



43%

Drop in the obesity rate among American children ages 2 to 5 over the past decade



'People looked and saw that there is nothing to fear.'

VLADIMIR PUTIN, Russian President, suggesting that the overall success of the Sochi Olympics—there were no riots or major attacks—should improve global perceptions of Russia

Taco Bell
Praised for announcing a breakfast menu



GOOD WEEK
BAD WEEK



Pizza Hut
Criticized after a local manager was caught urinating in a sink

'The government kind of blew it'



MARK ZUCKERBERG, CEO of Facebook, alleging that the National Security Agency went "way over the line" by hiding its surveillance programs from the American people

66

Rounds a Missouri spelling bee went through before running out of words



'The country is facing huge dangers. It is time we ... help it get out of this narrow tunnel.'

HAZEM EL-BEHLAWI, resigning—alongside his entire Cabinet—his post as interim Prime Minister of Egypt and paving the way for a presidential run by military chief Abdul Fattah al Sisi

'The truth is, young people are knuckleheads.'

MICHELLE OBAMA, talking to Jimmy Fallon about why young Americans who don't have health insurance should sign up for Obamacare after they turn 26, even if they "think they're invincible"



\$25

Price of Mozilla's new limited-functionality smartphone, geared toward those who cannot afford Apple or Android gadgets

'I've lived this for 30 years, I'm done with it.'

ALEC BALDWIN, announcing his retirement from public life in an essay for *New York* magazine







Briefing

LightBox

Unsheathed

In Bangui, the capital of the Central African Republic, on Feb. 21, a woman from the largely Christian *antibalaka* militia defends a strip of land from former members of the disbanded Séléka, a primarily Muslim rebel coalition. The *antibalaka* are retaliating against the Séléka for the latter's yearlong campaign of looting and murder.

Photograph by Fred Dufour—
AFP/Getty Images

FOR PICTURES OF THE WEEK,
GO TO lightbox.time.com

World

The Takedown of a Cartel Kingpin

The end of the manhunt didn't match the mystique of the target. Joaquín "El Chapo" Guzmán, kingpin of the Sinaloa drug cartel, was finally nabbed around sunrise on Feb. 22, when Mexican commandos stormed a cream-colored building in the seaside city of Mazatlán. The criminal giant known as Shorty was sleeping shirtless inside a modest apartment with white tile floors, pink suitcases strewn across a sagging mattress. After a 13-year chase, he was taken without a fight.

The historic capture was the product of transnational collaboration—a commodity that has often been in short supply. When it comes to the drug war, the U.S. and Mexico have an uneasy alliance. Corruption is endemic across Mexico. But the Mexicans don't always hold the U.S. in high regard, and for good reason. Over the past decade, more than 100 U.S. border agents have been charged with corruption.

But in recent years, the partnership has strengthened. "The U.S. and Mexico have been on the same page more," says Malcolm Beith, author of a book about the hunt for Guzmán. The Mexican government, which has been forced to triage threats posed by rival cartels, prioritized the crackdown on the Sinaloa empire, which is reputed to stretch into 54 countries. And the U.S., which has been frustrated with the



Mexican authorities parade Guzmán, 56, during a peripatetic walk across a naval airstrip after his capture

graft-riddled Mexican army, found new and trustworthy partners.

The U.S. Drug Enforcement Administration now works closely with small teams from the Mexican navy and marines. "DEA and other U.S. agencies trust them," says Barry McCaffrey, a retired four-star U.S. Army general who led antidrug efforts under President Clinton. As the hunt for Guzmán grew hotter, the DEA mined its network of confidential informants on both sides of the border, as well as a web of judicially approved wiretaps, and fed the information to Mexican partners.

About a month ago, the Mexicans used U.S. intelligence to launch a series of successful raids. Key Sinaloa lieutenants were captured. The Mexicans carried out the busts, with U.S. agents providing operational and intelligence support, according to U.S. law-enforcement sources. "DEA and the U.S. Marshals have been working in the field with Mexican marines for the last three weeks," says

Michael Braun, former chief of operations for the DEA. "They're providing them with real-time intelligence."

In mid-February, Mexican commandos traced a number stored in a seized cell phone to a home in the Sinaloa capital of Culiacán. They arrested a cartel official, who gave up the location of another house. Guzmán was hiding inside. As the cops struggled to break through steel-reinforced doors, the cartel kingpin escaped through a secret passage beneath a bathtub, which led to a maze of special tunnels linking seven safe houses in the area.

But the near miss marked the beginning of the endgame. Less than a week later, one of the world's most wanted men was apprehended inside unit 401 of a Mazatlán condo tower overlooking the sea. "A lot of the success," says a U.S. law-enforcement official with knowledge of the situation, "goes to the strong personal relationships that our agents in Mexico have with the navy and the marines."

DATA

PRESS FREEDOM

Reporters Without Borders ranked 180 countries on the basis of conditions for press freedom. A sampling:



1 Finland



46 U.S.



175 China



180 Eritrea

Roundup

The World's Oldest Objects

Scientists have found that a tiny crystal composed of the mineral zircon—discovered in Western Australia in 2001—is the oldest known piece of the earth's crust, dating back 4.4 billion years. Here's a look at other objects that rank among the oldest ever discovered.

Rock

Tests in 2008 showed that bedrock in Canada's Hudson Bay contained the oldest rocks on earth, formed **4.28 billion years ago**



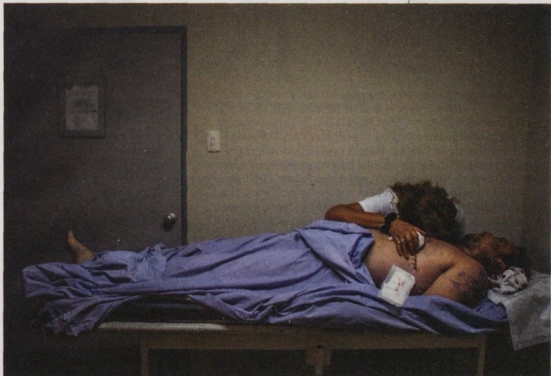
Fruit

Researchers reported in October that they had found a fossilized **52.2 million-year-old** tomato in Argentina, making it the earliest fruit from the tomato family ever found

DNA

Scientists reconstructed a mitochondrial genome last year from the remains of a **400,000-year-old human ancestor** found in northern Spain, making it the oldest DNA ever recovered from a humanlike species





Protests Take a Deadly Toll

VENEZUELA Carmen Gonzalez cries over the body of her son Jimmy Vargas Gonzalez, who was killed Feb. 24 in clashes with police in San Cristóbal, the capital of Venezuela's Táchira State. The city has witnessed some of the fiercest rallies against the government of President Nicolas Maduro, as high crime rates and a deteriorating economy fuel opposition to Hugo Chávez's successor. *Photograph by Meridith Kohut—the New York Times/Redux*

U.K.

110

Age of Alice Herz-Sommer, the oldest known Holocaust survivor until her death on Feb. 23. A documentary about her life has been nominated for an Oscar.



Tree

Researchers in 2008 said they had found a tree in Sweden whose roots date back 9,550 years, making it the oldest known living tree



Skeleton

The oldest fossil skeleton of a primate, belonging to a hitherto unknown species that existed roughly 55 million years ago and lived in what is now China, was discovered last year

UGANDA

'There's now an attempt at social imperialism, to impose social values.'

YOWERI MUSEVENI, Ugandan President, responding to Western criticism after signing a bill that threatens homosexuals with harsh new penalties, including life in prison



Trending In



RELIEF

Five clothing firms, including Mango, contributed to a trust fund for survivors of the Rana Plaza factory disaster in Bangladesh



EQUALITY

Roberta Pinotti was named Italy's first female Defense Minister, making her one of five women currently leading a national military in Europe



ANIMALS

A wild leopard appeared in the Indian city of Meerut (pop. 1.3 million) causing panic and forcing schools to shut down



TRAGEDY

Three children were killed in worsening violence amid continuing antigovernment protests in Thailand



Nation

Army of Ones The Pentagon wants to shrink the military in order to save it

BY MARK THOMPSON

WITH THE LAST AMERICAN COMBAT TROOPS SET TO PULL OUT OF AFGHANISTAN BY YEAR'S END, the U.S.'s two lengthy land wars will be over—and the massive force required to fight them will no longer be needed. That's what drove Defense Secretary Chuck Hagel's Feb. 24 announcement that he hopes to shrink the Army from 520,000 to 440,000 troops, the country's smallest standing force since before World War II. The moves are included in Hagel's \$496 billion budget proposal for 2015, which would replace spy planes with drones, closing bases to save money and ramping up the ranks of special forces. The plan, while still calling for nearly half a trillion dollars in military spending, signals a reduction in U.S. willingness to wage lengthy wars. The Pentagon, Hagel said, nonetheless must adapt "to a world that is growing more volatile, more unpredictable." But Congress gets the final say, and lawmakers rarely vote to shrink anything.

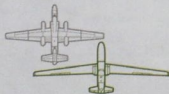
THE HAGEL PLAN: A LEANER FORCE



The ranks of all four branches will shrink, but the number of troops dedicated to **special operations will increase** by 3,000—to 69,700—reflecting new kinds of threats.



The Vietnam-era **A-10 Warthog** attack plane, beloved by grunts for its terrifying guns, will be grounded in favor of the newer, more adaptable **F-35 warplane**.



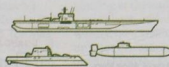
The storied Cold War-era **U-2 spy planes**, one of which was shot down by the Soviet Union in 1960, will be retired in favor of unmanned **Global Hawk** drones.



The Army's planned 60-ton **Combat Vehicles**, which proved too heavy for rapid deployment, will be scrapped. The lighter **Bradley Fighting Vehicles** will remain in service.



The National Guard will swap helicopters with active-duty Army units, trading **AH-64 Apache gunships** for **UH-60 Black Hawks**, which are better suited to the Guard's disaster-relief missions.



To fulfill President Obama's "pivot" to Asia, the Navy will add **two destroyers and two attack submarines** a year to its fleet of **11 aircraft carriers**.



The Pentagon will again ask Congress for **permission to shutter** **unnneeded** bases. Lawmakers have repeatedly said no, fearing the economic impact back home.



Because of the deadly 2012 attack on the U.S. consulate in Benghazi, Libya, **900 more Marines** will be assigned to increase security at diplomatic outposts abroad.



To help stem soaring personnel costs, the Pentagon wants to **limit pay hikes to 1%, freeze pay for generals and admirals and trim housing and health care benefits**.



58

Number of years that Michigan Democrat John Dingell has served in Congress, the most in U.S. history; on Feb. 24 he announced plans to retire at the end of his term

HEALTH

Polio's Scary Specter

Americans haven't had to fear polio since 1979, when the disease was eradicated in the U.S. But California is experiencing a flashback to the days of sudden childhood paralysis, with reports that 20 children in the past 18 months have suffered polio-like symptoms. At least a dozen have been paralyzed in one or more limbs.

The cases span the state, from the Bay Area in the north down to San Diego. Five cases—all in children who had been vaccinated against polio—have been studied by physicians from Stanford University, who found that two of the patients tested positive for what's known as enterovirus 68 (EV68), which belongs to the same family of viruses as polio. EV68 is associated with respiratory illness, but such cases are rare.

Health officials don't know if EV68 has caused the paralysis in the two children or if it's just a viral bystander. So far, they do not see any reason to call the cases a public-health concern. But if a virus is to blame, it pays to be vigilant. Only 1 out of 200 people infected with polio develops paralysis, but the other 199 can still pass on the disease.

—JEFFREY KLUGER



Celebrex can help relieve arthritis pain, so you can keep moving.

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- Celebrex is not a narcotic.

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Visit celebrex.com or call 1-888-CELEBREX for more information.

Celebrex has been an option for millions of patients for over 15 straight years.

*Individual results may vary. **Clinical studies with osteoarthritis patients.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Important Safety Information:

All prescription NSAIDs, like CELEBREX, ibuprofen, naproxen and meloxicam have the same cardiovascular warning. They may all increase the chance of heart attack or stroke, which can lead to death. This chance increases if you have heart disease or risk factors for it, such as high blood pressure or when NSAIDs are taken for long periods.

CELEBREX should not be used right before or after certain heart surgeries.

Serious skin reactions, or stomach and intestine problems such as bleeding and ulcers, can occur without warning and may cause death. Patients taking aspirin and the elderly are at increased risk for stomach bleeding and ulcers.

See the Medication Guide on the next page for important information about Celebrex and other prescription NSAIDs.

Tell your doctor if you have: a history of ulcers or bleeding in the stomach or intestines; high blood pressure or heart failure; or kidney or liver problems.

CELEBREX should not be taken in late pregnancy.

Life-threatening allergic reactions can occur with CELEBREX. Get help right away if you've had swelling of the face or throat or trouble breathing. Do not take it if you have bleeding in the stomach or intestine, or you've had an asthma attack, hives, or other allergies to aspirin, other NSAIDs or certain drugs called sulfonamides.

Prescription CELEBREX should be used exactly as prescribed at the lowest dose possible and for the shortest time needed.



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Medication Guide for

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(See the end of this Medication Guide
for a list of prescription NSAID medicines.)

What is the most important information I should know about medicines called Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

NSAID medicines may increase the chance of a heart attack or stroke that can lead to death.

This chance increases:

- with longer use of NSAID medicines
- in people who have heart disease

NSAID medicines should never be used right before or after a heart surgery called a "coronary artery bypass graft (CABG)."

NSAID medicines can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Ulcers and bleeding:

- can happen without warning symptoms
- may cause death

The chance of a person getting an ulcer or bleeding increases with:

- taking medicines called "corticosteroids" and "anticoagulants"
- longer use
- smoking
- drinking alcohol
- older age
- having poor health

NSAID medicines should only be used:

- exactly as prescribed
- at the lowest dose possible for your treatment
- for the shortest time needed

What are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

NSAID medicines are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as:

- different types of arthritis
- menstrual cramps and other types of short-term pain

Who should not take a Non-Steroidal Anti-Inflammatory Drug (NSAID)?

Do not take an NSAID medicine:

- if you had an asthma attack, hives, or other allergic reaction with aspirin or any other NSAID medicine
- for pain right before or after heart bypass surgery

Tell your healthcare provider:

- about all of your medical conditions.
- about all of the medicines you take. NSAIDs and some other medicines can interact with each other and cause serious side effects. **Keep a list of your medicines to show to your healthcare provider and pharmacist.**
- if you are pregnant. NSAID medicines should not be used by pregnant women late in their pregnancy.
- if you are breastfeeding. Talk to your doctor.

What are the possible side effects of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?

Serious side effects include:

- heart attack
- stroke
- high blood pressure
- heart failure from body swelling (fluid retention)
- kidney problems including kidney failure
- bleeding and ulcers in the stomach and intestine
- low red blood cells (anemia)
- life-threatening skin reactions
- life-threatening allergic reactions
- liver problems including liver failure
- asthma attacks in people who have asthma

Other side effects include:

- stomach pain
- constipation
- diarrhea
- gas
- heartburn
- nausea
- vomiting
- dizziness

Get emergency help right away if you have any of the following symptoms:

- shortness of breath or trouble breathing
- chest pain
- weakness in one part or side of your body
- slurred speech
- swelling of the face or throat

Stop your NSAID medicine and call your healthcare provider right away if you have any of the following symptoms:

- nausea
- more tired or weaker than usual
- itching
- your skin or eyes look yellow
- stomach pain
- flu-like symptoms
- vomit blood
- there is blood in your bowel movement or it is black and sticky like tar
- skin rash or blisters with fever
- unusual weight gain
- swelling of the arms and legs, hands and feet

These are not all the side effects with NSAID medicines. Talk to your healthcare provider or pharmacist for more information about NSAID medicines.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Other information about Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

- Aspirin is an NSAID medicine but it does not increase the chance of a heart attack. Aspirin can cause bleeding in the brain, stomach, and intestines. Aspirin can also cause ulcers in the stomach and intestines.
- Some of these NSAID medicines are sold in lower doses without a prescription (over-the-counter). Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

NSAID medicines that need a prescription

Generic Name	Tradename
Celecoxib	Celebrex
Diclofenac	Catalfam, Voltaren, Arthrotec (combined with misoprostol)
Diffunisal	Dolobid
Etodolac	Lodine, Lodine XL
Fenoprofen	Nalfon, Nalfon 200
Flurbiprofen	Ansaïd
Ibuprofen	Motrin, Tab-Profen, Vicoprofen* (combined with hydrocodone), Combunox (combined with oxycodone)
Indomethacin	Indocin, Indocin SR, Indo-Lemmon, Indomethagan
Ketoprofen	Oruvail
Ketorolac	Toradol
Mefenamic Acid	Ponstel
Meloxicam	Mobic
Nabumetone	Relafen
Naproxen	Naprosyn, Anaprox, Anaprox DS, EC-Naproxyn, Naprelan, Naprapac (copackaged with lansoprazole)
Oxaprozin	Daypro
Piroxicam	Feldene
Sulindac	Clinoril
Tolmetin	Tolectin, Tolectin DS, Tolectin 600

* Vicoprofen contains the same dose of ibuprofen as over-the-counter (OTC) NSAIDs, and is usually used for less than 10 days to treat pain. The OTC NSAID label warns that long term continuous use may increase the risk of heart attack or stroke.

This Medication Guide has been approved by the U.S. Food and Drug Administration. LAB-0609-1.0

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SPECIAL COLLECTOR'S ISSUE

AUGUST 5, 2013

People


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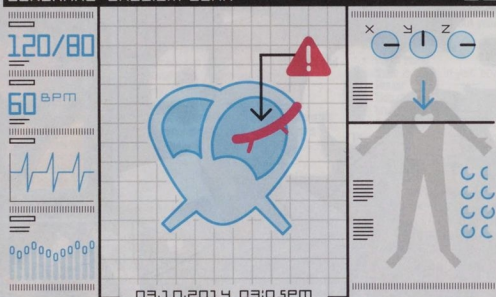
ROYAL BABY BOYS • WILLIAM & KATE'S PATH to PARENTHOOD

People love **People**

Don't miss this week's People Magazine. In stores now.

Health

CORONARY-CALCIUM SCAN



Other Heart-Health Warning Signs

HIGH LEVELS OF C-REACTIVE PROTEIN (CRP)

A blood test can determine your levels of this protein; too much can be a marker for vessel-blocking plaques.

Pro: The blood test is simple to do.

Con: CRP is not unique to heart disease; many conditions that cause inflammation, including a cold, can boost its levels.

DIFFERING BLOOD PRESSURE IN ARMS AND ANKLES

Similar pressure suggests good circulation and possibly few blockages in blood vessels.

Pro: The blood-pressure test is not invasive and can be done in a doctor's office.

Con: It may not be sensitive enough to pick up the earliest signs of plaques.

GENETICALLY HIGH CHOLESTEROL LEVELS

About 1 in 300 people in the U.S. inherits mutations that prevent that person from removing heart-damaging bad cholesterol (called LDL) from the blood.

Pro: The blood test is noninvasive.

Con: In some cases, more-expensive genetic tests are needed to confirm the diagnosis.

A Smarter Heart-Health Test Screening for calcium could get millions off statins

BY ALICE PARK

WHEN IT COMES TO PREDICTING heart trouble, doctors essentially play a guessing game. So among all the factors they consider—such as a person's age, weight, family medical history and cholesterol levels—it turns out that one of the most reliable indicators may also be a bit unexpected: calcium.

According to the latest research, led by scientists from Baptist Health South Florida medical center in Miami, at least 35% of people who have calcium buildup in their blood vessels but no other heart disease risk factors are almost four times as likely to have a heart event in seven years, compared with those who have zero calcium and some risk factors. Although the correlation was known before, as studies like Baptist's gain traction, doctors are taking it more seriously.

There's no evidence connecting these calcium deposits with the calcium you ingest from dairy products, so it's still important to get the recommended amounts to maintain strong bones.

But for reasons experts can't explain, after age 50, bits of calcium can find their way into blood vessels. Once there, they attract immune cells and form dangerous plaques that may stiffen arteries and generate clots that can block blood flow to the heart, even causing a heart attack. "Our data show that the status quo is unacceptable," says Dr. Khuram Nasir, senior author of the Baptist Health study.

In the past, doctors were reluctant to test for calcium deposits using a coronary-calcium scan because it exposes patients to a small amount of radiation. They believed the

risk wasn't worth the benefit, since other heart trouble indicators were reliable enough.

But studies like Nasir's are chipping away at that theory. And now that new cholesterol guidelines have dropped the threshold for starting cholesterol-lowering drugs, or statins—meaning 31 million adults could face a lifelong prescription—more doctors are starting to add tests like calcium screening to determine who really needs medication. "If I see no calcium, I'm inclined to try to get that patient off medicines," says Dr. Vincent Bufalino, a heart specialist in Chicago.

In the coming weeks, expect more studies to build momentum for the idea that people in their 50s or 60s should know not just their cholesterol numbers but their coronary-calcium score too.

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While many factors affect heart disease, diets low in saturated fat and cholesterol may reduce the risk of heart disease.



Milestones

DIED

Harold Ramis

The king of comedy

By Ivan Reitman

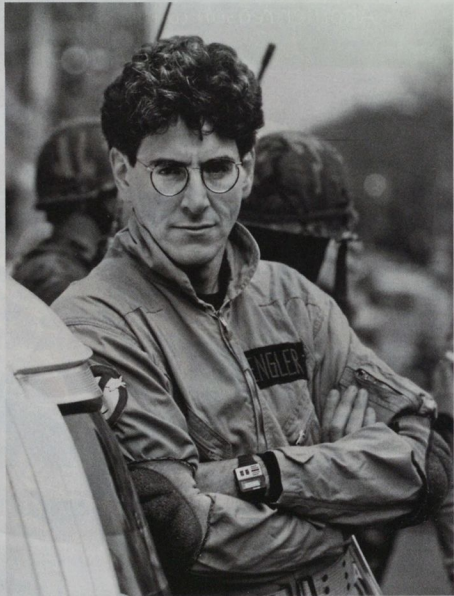
I first met Harold Ramis about 40 years ago, when I produced the sketch-comedy stage revue *The National Lampoon Show*. Along with Harold, the cast included John Belushi, Gilda Radner, Bill Murray, Brian Doyle-Murray and Joe Flaherty. Even in that remarkably talented, yet-to-be-discovered ensemble, Harold stood out. Not because he was the loudest, the most flamboyant or even the funniest—although in his quiet, intelligent way, he often was. Harold stood out because it was clear he was their unofficial leader. The man to whom they could all turn to solve creative problems or any of the myriad conflicts that would arise among this high-powered group.

I witnessed his quiet strength early in the *Lampoon Show's* development. It happened in my hometown of Toronto, where the show was booked for two performances in a popular local tavern. After a raucous and very successful first show, we were shocked to discover that instead of clearing the house, as we had expected, the patrons from the performance stayed on, happily drinking and waiting for more comedy.

Backstage, the group was in a panic. They had been expecting to do their prepared material for a new audience and had nothing else. Interrupting the growing panic, Harold pulled the cast together and suggested quietly, "Let's just do the show again, except this time we'll change every joke and every punch line." It was an audacious challenge that in normal circumstances would have been immediately dismissed. But something in Harold's confident demeanor relaxed the group. They started to laugh and embraced the challenge. I believe it was the first time I heard Belushi bellow, "Let's do it!"

Thinking back today, 40 years later, I only wish there were a video record of that amazing performance. It was the most remarkable display of comedy brilliance, dexterity and borderline insanity.

Harold and I went on to collaborate



Ramis, photographed on the set of *Ghostbusters* in 1984, died on Feb. 24 at age 69

on five movies: *Animal House*, *Meatballs*, *Stripes*, *Ghostbusters* and *Ghostbusters II*. He co-wrote all of them and co-starred in three. He went on to become a director himself and created such comedy classics as *National Lampoon's Vacation*, *Caddyshack*, *Analyze This* and the remarkable *Groundhog Day*.

With the passing of Harold Ramis, the world has lost a truly original comedy voice. He possessed the most agile mind I've ever worked with. He was extraordinarily generous with me, and working with him changed my life. He had a wonderful gift for making people do their best work around him. He will be profoundly missed.

Among *Reitman's* many films as a producer, director or both are *Dave*, *Animal House* and *Ghostbusters I and II*

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Marty Makary

The Cost of Chasing Cancer

Why excessive screening can cause unintended harm, stress and waste

AS A SURGEON, I'M TRAINED TO CRUSH cancer. For many years, every tumor I palpated and family I counseled drove me to hunt for cancer with a vengeance, using every tool modern medicine has to offer. But recently, one patient reminded me that the quest to seek and destroy cancer can produce collateral damage.

The patient's story began with a full-body CT scan—a screening test used to detect tumors—that revealed a cyst on his pancreas. Some 3% of people have these cysts, and they are rarely problematic. Based on the cyst's size and features, there was no clear answer as to what to do about it, but he was given options.

The patient tossed and turned at night, agonizing over stories of pancreatic-cancer tragedies, consumed by the dilemma of whether to risk surgery to remove the cyst or leave it alone. The conundrum strained his marriage and distracted him from his work.

Months before I met him, the patient underwent the surgery, which revealed that the cyst was no threat to his health. The operation was supposed to cost \$25,000 and require eight weeks off work. But the toll was much greater, including a debilitating surgical complication.

I thought, This is why he shouldn't have had a CT scan in the first place. Screening made him sick.

NEW RESEARCH FINDS THAT SOME HEALTH-screening efforts have gone too far. A recent study found that yearly mammograms do not prolong the lives of low-risk women ages 40 to 59. Following more than 89,000 women for 25 years in a randomized controlled trial (the gold standard of science), the study is as methodologically impressive as they come. As hard as it is for our pro-screening culture to believe, the data are clear. We are taxing far too many women not only with needless and sometimes humiliating X-rays but also with unnecessary follow-up surgery.

The annual mammogram is not the only vintage medical recommendation under scrutiny. Another large study found that among low-risk adults, taking a daily aspirin—a recommendation hammered into me in medical school—can cause significant gastrointestinal or cerebral bleeding that offsets any cardiac benefits. Doctors are also re-evaluating calls for regular prostate-specific antigen tests and surgical colonoscopies after “borderline” Pap smear

results because of the risks of chasing false positives and indolent disease.

The problem of unintentional harm is far bigger than many suspect. The Office of the Inspector General for the Department of Health and Human Services reports that among Medicare patients alone, it contributes to 180,000 deaths annually. On a national level, if unintentionally harming patients in the process of trying to improve their health were a disease, it would rank as the No. 3 cause of death in the U.S., using Centers for Disease Control and Prevention stats.

In this era of rising medical prices, cutting waste should be the top priority, especially when that waste pulls doctors away from the important work of caring for sick patients. A 2012 Institute of Medicine report concludes that Americans spend as much as one-third of their health care dollars on tests, medicine, procedures and administrative burdens that do not improve health outcomes.

THE PATIENT I MET ALSO TAUGHT ME ABOUT another negative outcome, one that does not show up in the national stats: emotional trauma from false alarms. The patient recounted feeling tormented by the idea that he might be harboring a precancerous time bomb. His distress arose not from cancer but from medicine's limited ability to interpret a normal variation of anatomy discovered by new technology.

The good news is that a grassroots movement within medicine is identifying unnecessary tests and procedures to educate doctors and the public about them. The American Board of Internal Medicine Foundation has been asking medical-specialty associations to name the five most overdone tests and procedures within their specialty. The campaign so far includes more than 60 doctors' societies.

Reducing overdiagnosis and overtreatment will require broadening medicine's focus beyond hunting and killing disease to sound research and education on appropriate care. We all must come to grips with the public's expectation for more medicine. New research is capturing what individual stories, like that of my patient, have been trying to teach us: we have a quiet epidemic of unnecessary, costly and sometimes harmful medical care. ■

Makary is a cancer surgeon at Johns Hopkins Hospital and an associate professor of health policy at the Johns Hopkins Bloomberg School of Public Health

**PHYSICIAN,
DO NO HARM**



180.000

Number of Medicare patients who die annually because of unintended harm in the course of their treatment



ONE-THIRD

Portion of health care dollars spent on unneeded tests, medicine, procedures and administrative costs

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NATION

Code

A photograph of a computer monitor with its back cover removed, revealing the internal circuitry and components. The word 'Code' is overlaid in large red letters.


**Last fall, a hastily assembled g
D.C. to revive HealthCare.gov.**

Photograph by Nick Veasey for TIME



e Red

group of tech wizards arrived in
The inside story **By Steven Brill**



LAST OCT. 17—MORE THAN TWO WEEKS AFTER THE LAUNCH of HealthCare.gov—White House chief of staff Denis McDonough came back from Baltimore rattled by what he had learned at the headquarters of the Centers for Medicare and Medicaid Services (CMS), the agency in charge of the website.

McDonough and the President had convened almost daily meetings since the Oct. 1 launch of the website with those in charge—including Health and Human Services Secretary Kathleen Sebelius, CMS administrator Marilyn Tavenner and White House health-reform policy director Jeanne Lambrew. But they couldn't seem to get what McDonough calls "actionable intel" about how and why the website was failing in front of a national audience of stunned supporters, delirious Republican opponents and ravenous reporters.

"Those meetings drove the President crazy," says one White House senior adviser who was there. "Nobody could even tell us if the system was up as we were sitting there, except by taking out laptops and trying to go on it. For Denis, going to Baltimore was like leaving Washington and visiting a war zone."

But not even a trip to the war zone produced good intel. According to notes from a meeting in one of CMS's three war rooms (yes, things were so uncoordinated that there were three), those assembled discussed the fact that "we heard that the capacity"—the number of possible simultaneous users—"was 100,000 people, and there are 150,000 people on it." Yet five days later, White House chief technology officer Todd Park would tell *USA Today* that the capacity was 50,000 and that the website had collapsed because 250,000 people tried to use it at the same time. Park, a highly successful—but, for this job, disabblingly mild-mannered—health care tech entrepreneur, had been kept out of the planning of the website. In fact, the site's actual capacity at the time was "maybe a few thousand users," according to a member of the team that later fixed it.

What McDonough was able to pry out of the beleaguered crew at CMS on his Baltimore visit was that even on Oct. 17—by which time the site's failure was the subject of daily headlines and traffic had collapsed—only 3 in 10 people were able to get on at all. And of the lucky third that did, most were

likely to be tossed off because there were so many other bugs.

Unknown to a nation following the fiasco, McDonough's assignment from the President had boiled down to something more dire than how to fix the site. As the chief of staff remembers his mission, it was "Can it be patched and improved to work, or does it need to be scrapped to start over? He wanted to know if this thing is salvageable."

Yes, on Oct. 17, the President was thinking of scrapping the whole thing and starting over.

When McDonough got back to the White House, he met with Jeff Zients, a highly regarded businessman who had won high marks as a deputy director of the Office of Management and Budget. Among other projects, Zients—who in looks and résumé is the epitome of the buttoned-up manager—had overseen the Cash for Clunkers program in 2009. He was now slated to take over in January as the director of the President's National Economic Council. Obama and McDonough had quietly brought Zients in the week before when it had become obvious that the early White House and CMS explanation for the website's problems—astonishingly high volume—was anything but the whole story.

Zients, who is not an engineer, was teamed with Park, the White House chief technology officer. "On Oct. 17, I went from White House CTO to full-time HealthCare.gov fixer," Park says. The two were charged, says Zients, with "finding fresh eyes who could decide whether the thing was salvageable."

As one of the engineers they recruited put it, "Maybe we had to tell the world we'll be back to you in six or nine months with a new site."

As McDonough and Zients were digesting what the chief of staff had learned in Baltimore, White House press secretary Jay Carney was going through what one senior Obama aide calls "probably the most painful press briefing we've ever seen ... It was like one of those scenes out of *The West Wing* where everyone's yelling at him."

Thursday, Oct. 17, was the day the government shutdown ended. Until then, the failed launch of the website on Oct. 1 had been overshadowed in the news—and in the questions Carney had to field every day—by the shutdown and the related threat of a debt-ceiling deadlock. Now the unfolding Obamacare disaster was center stage.

Carney tried to fend off the inquisition, but he had little to work with. Pressed repeatedly on when the site would be fixed, the best he could say was that "they are making improvements every day."

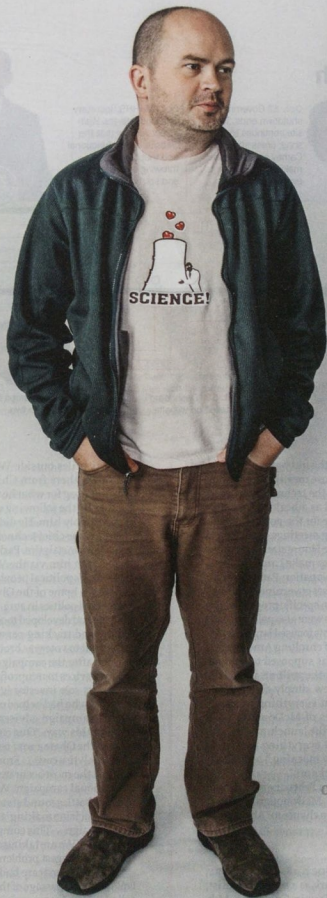
"They" were, in fact, not making improvements, except by chance, much as you or I might reboot or otherwise play with a laptop to see if some shot in the dark somehow fixes a snafu.

Yet barely six weeks later, HealthCare.gov not only had not been scrapped, it was working well and on its way to working even better.

This is the story of a team of unknown—except in elite technology circles—coders and troubleshooters who dropped what they were doing in various enterprises across the country and came together in mid-October to save the website. In about a tenth of the time that a crew of usual-suspect, Washington contractors had spent over \$300 million building a site that didn't work, this ad hoc team rescued it and, arguably, Obama's chance at a health-reform legacy.

It is also a story of an Obama Administration obsessed with

Brill, who a year ago wrote TIME's special report "Bitter Pill: Why Medical Bills Are Killing Us," is writing a book about the business and politics of health care, to be published this year by Random House



First responder Google site-reliability engineer Mikey Dickerson, an Obama campaign veteran, led a quickly assembled fix-it team, stamping out bugs and speeding up response times

Failure to Launch

Oct. 1 People start shopping for health insurance on HealthCare.gov, but the site crashes. Obama says glitches were expected. The same day, the partial government shutdown begins.



Oct. 17 Government shutdown ends. The site continues to snag; press secretary Carney says "they are making improvements every day."

Oct. 18 HHS Secretary Sebelius tells the *Wall Street Journal* that the website is now functional and that "I'm not throwing out the system and starting over."



Oct. 21 In a Rose Garden statement, Obama defends the Affordable Care Act, saying, "There's no excuse for the problems, and these problems are getting fixed."

What was happening in public

OCT. 2013

What was happening in private

Oct. 1 Almost daily White House meetings begin to try to understand the technical problems.

Oct. 17-22 President Obama directs staff to assess whether to scrap the website.

Oct. 18 "Dashboard" installed on website.

Oct. 22 Load time on the site drops from eight seconds to two.

Oct. 23 Obama decides not to scrap it.

Oct. 24 Tech team convenes for the first of a series of two-meeting days to problem-solve.

health care reform policy but above the nitty-gritty of implementing it. No one in the White House meetings leading up to the launch had any idea whether the technology worked. Early on, Lambrew, highly regarded as a health care policy expert and advocate for medical care for the poor, kept Park off the invitation list for the planning meetings, according to two people who worked on the White House staff prior to the launch. (The White House declined to make Lambrew available for an interview.) The only explanation Park offers for his exclusion is that "The CTO helps set government technology policy but does not get involved in specific programs. The agencies do that." The other attendees were also policy people, pollsters or communications specialists focused largely on the marketing and political challenges of enrolling Americans.

McDonough, as chief of staff, was supposed to be tending to everything associated with the rollout, including the technology. But he and Lambrew simply accepted the assurances from the CMS staff that everything was a go. Two friends and former colleagues of McDonough's say they spoke to him 36 hours prior to the launch, and in both conversations he assured them that everything was working. "When we turn it on tomorrow morning," he told one friend, "we're gonna knock your socks off."

Months later, when I asked him in February if he should have worried more about the website, McDonough admitted, "Would I do things differently if I had a chance to? Absolutely."

1. Return of the Campaign Geeks

EARLY ON THE MORNING OF FRIDAY, OCT. 18, GABRIEL BURT, whose résumé actually includes work as a rocket scientist, woke up in a room at the DoubleTree in Columbia, Md.,

about 35 miles outside Washington. Burt, 30 at the time, had flown there from Chicago the night before, toting an overnight bag for what he thought might be a two- or three-day trip. By the following weekend his wife would be flying in to resupply him. He didn't get home until Dec. 6.

Burt is the chief technology officer at a Chicago company called Civis Analytics. Park, the White House CTO, had connected with him via the White House political office. How did Obama's political people know about Burt's firm? Because Civis is the home of the Obama-campaign whiz kids who re-engineered politics in 2012. Burt and a team of coders and data analysts had developed tools that could sift data so finely that finding and tracking persuadable voters to make sure they turned out to vote was brought to a whole new level.

Soon after the campaign, the group formed a company to sell its services to nonprofits, governments and private companies. Its sole investor is Google executive chairman Eric Schmidt, who had helped organize their work as an informal Obama campaign adviser. The Civis website describes its creation this way: "Our company was born in a large backroom of the Obama 2012 re-election headquarters. We called it the analytics cave ... From millions of data points, we constructed the most accurate voter targeting models ever used in a national campaign. We predicted the election outcome in every battleground state within one point. And our work guided decisionmaking and resource optimization across the campaign ... This company is our next step," the website continues. "We are taking our team outside The Cave to solve the world's biggest problems using Big Data."

In fact, Obamacare had indirectly become a Civis client. Following the passage of the Affordable Care Act, a nonprofit called Enroll America was formed with the goal of boosting

Oct. 24 Federal contractors testify that they had insufficient time to properly test the site's new technology.



Oct. 25 Obama aide Zients says HealthCare.gov is "fixable" and it should be operating smoothly by the end of November.

Oct. 27 A technological malfunction crashes the website for 37 hours.



Oct. 30 Sebelius apologizes for the botched launch and says she should be held responsible. Meanwhile, the website crashes again for 40 hours.



Current HealthCare.gov website

Nov. 6 ID generator starts to cause a series of problems that threaten to bring the website down again.

Nov. 13 CMS reports only 26,794 signed up in October, 90% fewer than projected.

Dec. 1 Zients reports huge improvements on the site, with increased capacity and quick response times.

Dec. 23 129,000 enrollments in a single day, a new high.

Dec. 24 93,000 more enrollments.

Mid-Feb. Reported 1.9 million enrollments.

enrollment in the coming insurance exchanges through grassroots organizing and targeted advertising. Enroll America is funded—in "the tens of millions," says its president, Anne Filipic, a former Obama campaign worker—not only by some political groups sympathetic to health care reform, like Families USA, but also by businesses that will benefit from people enrolling, chief among them insurance companies and pharmaceutical manufacturers. The organization became one of Civis' first and biggest clients.

Before the website crashed on Oct. 1, this kind of marketing-oriented data crunching was seen as central to the drama of whether Obamacare would succeed. The political intrigue and punditry around the launch was mostly about whether people would come to the website exchanges, not what would happen to them once they got there.

Through the summer of 2013, David Simas, who then had the title of White House deputy senior adviser for communications, gave rounds of interviews detailing how big data, much of it provided to Enroll America by Civis, was being used to target specific precincts, say, in Miami or Houston, to identify the uninsured, make contact with them—"We want multiple touches," Simas told me—and lure them into enrolling. When I interviewed Simas in September, he assured me that "everything has been tested and is working perfectly ... Our challenge is getting the right people to show up."

McDonough, in telling associates that the Obamacare launch was consuming an hour or two of his every day, similarly focused on the communications and outreach planning rather than the technology.

The press, too, concentrated on the purported marketing and enrollment hurdles. One favorite theme was that the White House had brought back its 2012 Obama-campaign

whiz kids for an encore data-crunching, polling and messaging blitz, which is why Simas, a campaign pollster, data analyst and message maven, had assumed center stage.

It turns out that when it came to Civis' skills, McDonough, Simas and the others were working the wrong side of the house. Civis is great at analytics, but behind that world-class data crunching is a world-class technology team run by Gabriel Burt. Indeed, the key mistake made by President Obama and his team—who never publicized the arrival of Burt and other campaign coders in October the way they touted the role of the data-analytics marketing team last summer—is that they had turned only to the campaign's marketing whiz kids instead of the technologists who enabled them.

2. A Team Formed On the Fly

AMONG THE TECH GENIUSES BURT GOT TO KNOW DURING the 2012 campaign is Mikey Dickerson—whose title at Google is site-reliability engineer. Dickerson had taken a leave from Google in 2012 to help scale the Obama-campaign website and create its Election Day turnout-reporting software. As it happened, Dickerson, then 34, was in town visiting Burt and others at Civis on Oct. 11 when Park called from the White House. "I consider Mikey a mentor," says Burt. "We were picking his brain about our company when we got a call about the health care site ... We all wanted to do something."

Burt and Dickerson decided to go to Washington to help Park figure out what to do. They also began making a list of others who they thought could form a rescue squad. By the afternoon of Oct. 18, Burt was on the ground at the



The insiders Engineer Ryan Panchadsaram, left; chief technology officer of the U.S. Todd Park, middle; and Obama aide Jeffrey Zients led the Administration effort to fix HealthCare.gov

headquarters in Maryland of a company called QSSI, one of the contractors that had been hired by CMS to build and run the website. Of the many companies that had worked on HealthCare.gov, QSSI was thought to have performed the least badly.

That afternoon, Dickerson, who was in California preparing to fly east the following Monday to join Burt, jumped on what he later described as a "really bizarre conference call." It was with Park, who at that moment was riding in a White House van around D.C., Maryland and Virginia with the beginnings of his hastily assembled team trying to assess the damage.

In the van was Paul Smith, whom Burt had recruited. Smith had been deputy director of the Democratic National Committee's tech operation. He immediately put fundraising for a startup he was planning on hold to join the group. Another passenger was Ryan Panchadsaram, 28, who had come to the White House as part of a program called Presidential Innovation Fellows, which was launched by Park to bring high-tech achievers into government to work on specific projects that they design. (The program is already responsible for a series of innovations in making government data and health care records more available electronically.) "I decided we should all go introduce ourselves to the people we were going to help," says Park, explaining the van ride.

The team started by driving from the White House to see Tavenner, the CMS administrator, at her Washington office. They then drove off to Baltimore to meet other senior CMS officials. It was during that drive that Park decided to loop in Dickerson and some others to a conference call. "We were passing around an iPhone with a speaker so we could all talk," says Park. "I wanted us to get to know each other."

"I had no idea who this guy leading the call was, and you couldn't hear a lot of it," recalls Dickerson, who was wearing a T-shirt sporting an image of a nuclear reactor over the word

Science! when I met him three weeks ago in the Roosevelt Room across from the Oval Office. "Finally I jumped in and asked, 'Who am I talking to? Who is leading this call?' And the guy says, 'I'm Todd Park.' So I Googled him and saw he's the chief technology officer of the country and had founded two health care technology companies. Oh, I figured. Not bad. So I made plans to fly out for a few days."

Park's van continued on from Baltimore, stopping at the two main contractors working on the website. It turned out the engineers at both QSSI and even CGI, the contractor that attracted much of the blame for the site's failure, did not seem nearly as defensive or hostile as Park and the others had feared. "These guys want to fix things. They're engineers, and they were embarrassed," says one of the members of Park's gathering band. "Their bosses might have been turf conscious, but by then the guys in the suits really didn't want to have anything to do with the site, so they were glad to let us take over."

When the meetings ended at a CMS outpost in Herndon, Va., at about 7:00 p.m., the rescue squad already on the scene realized they had more work to do. One of the things that shocked Burt and Park's team most—"among many jaw-dropping aspects of what we found," as one put it—was that the people running HealthCare.gov had no "dashboard," no quick way for engineers to measure what was going on at the website, such as how many people were using it, what the response times were for various click-throughs and where traffic was getting tied up. So late into the night of Oct. 18, Burt and the others spent about five hours coding and putting up a dashboard.

What they saw, says Park, was a site with wild gyrations. "It looked awfully spiky," recalls Panchadsaram. "The question was whether we could ride that bull. Could we fix it?"

The team went home at about 2:30 a.m. on Saturday, Oct. 19.



The recruits Former Google product manager Jini Kim, left; former Democratic Party tech official Paul Smith, middle; and Andy Slavitt, an executive at QSSI's parent company, among others, joined the rescue effort

3. "It's Just a Website. We're Not Going to the Moon."

THE DECISION HAD STILL NOT BEEN MADE WHETHER TO SAVE or scrap HealthCare.gov. Zients wanted even more eyes from Silicon Valley on the problem. At about 6 in the morning on Saturday, Oct. 19, he emailed John Doerr, a senior partner at Kleiner Perkins Caufield & Byers, the Menlo Park, Calif.-based venture-capital powerhouse, whose investments include Amazon, Google, Sun, Intuit and Twitter. Could Doerr call him when he awoke to talk about the health care website? Zients asked.

When Doerr quickly called back, Zients said, "We're pulling together this surge of people to do this assessment to see if the site's fixable or not. We've got to do it incredibly quickly. Do you know anyone?" Doerr recommended a relatively new Kleiner partner named Mike Abbott.

"Mike saved Twitter's technology when it was failing," Doerr told me later, referring to the days when the Twitter Fail Whale error-message icon was ubiquitous. "His being there gave me the confidence to make the largest investment we had ever made—over \$100 million ... He had also worked at Microsoft and led the team at Palm that rebuilt their system ... Yet he's really low-key and well liked."

Abbott spoke to Zients the next day, Sunday, Oct. 20, and flew to Washington on Oct. 21. That day, Obama offered what the New York Times called "an impassioned defense of the Affordable Care Act" in a Rose Garden statement, "acknowledging the technical failures of the HealthCare.gov website but providing little new information about the problems with the online portal or the efforts by government contractors to fix it."

Nor did the President volunteer that he had recruited a team whose first job was to decide whether to kill the website and start over.

"The first red flag you look for," says Abbott, "is whether

there is a willingness by the people there to have outside help. If not, then I'd say it's simpler to write it new than to understand the code base as it is if the people who wrote it are not cooperating. But they were eager to cooperate."

"The second thing, of course, was, What were the tech problems? Were they beyond repair? Nothing I saw was beyond repair. Yes, it was messed up. Software wasn't built to talk to other software, stuff like that. A lot of that," Abbott continues, "was because they had made the most basic mistake you can ever make. The government is not used to shipping products to consumers. You never open a service like this to everyone at once. You open it in small concentric circles and expand"—such as one state first, then a few more—"so you can watch it, fix it and scale it."

What Abbott could not find, however, was leadership. He says that to this day he cannot figure out who was supposed to have been in charge of the HealthCare.gov launch. Instead he saw multiple contractors bickering with one another and no one taking ownership for anything. Someone would have to be put in charge, he told Zients. Beyond that, Abbott recalls, "there was a total lack of urgency" despite the fact that the website was becoming a national joke and crippling the Obama presidency.

But by then, Dickerson—the Google reliability guru and Burt's mentor—had arrived. "I knew Mikey by reputation," Abbott recalls. "He was a natural fit to lead this team."

Looking over the dashboard that Park, Burt and the others had rigged up the prior Friday night, Abbott and the group discovered what they thought was the lowest-hanging fruit—a quick fix to an obvious mistake that could improve things immediately. HealthCare.gov had been constructed so that every time a user had to get information from the website's vast database, the website had to make what's called a query into that database. Well-constructed, high-volume sites, especially e-commerce sites, will instead store or assemble

the most frequently accessed information in a layer above the entire database, called a cache. That way, the query to it can be faster and not tie up connections to the overall database. Not doing that created a huge, unnecessary bottleneck, the equivalent of slowing down traffic on an on-ramp to an otherwise empty highway.

The team began almost immediately to cache the data. The result was encouraging: the site's overall response time—the time it took a page to load—dropped on the evening of Oct. 23 from eight seconds to two. That was still terrible, of course, but it represented such an improvement that it cheered the engineers. They could see that HealthCare.gov could be saved instead of scrapped.

Also weighing in by this time on the phone and through chat lines was another Silicon Valley legend recruited by Zients who also happened to be named Abbott. Marty Abbott had been the CTO of eBay and now ran a consulting business that offered high-tech crisis management and evaluation. Venture funds pay him "tens of thousands of dollars a day," says Zients, to kick the tires, hard, of potential companies seeking their money, and the companies themselves hire him when their websites or other technology crash.

"It was pretty obvious from the first look that the system hadn't been designed to work right," says Marty Abbott. "It was not really managed at all and wasn't architected to scale. For example, any single thing that slowed down would slow everything down."

Marty Abbott volunteered his time, which was limited to participation in multiple conference calls in the first few weeks of the salvage effort. Mike Abbott was also a volunteer; he stayed in the D.C. area until Oct. 25, then participated through December on conference calls, sometimes doing two or three a day.

As for Dickerson, Burt and the others who arrived for what they thought was a few days only to stay eight to 10 weeks, they were told that government regulations did not allow them, even though they offered, to be volunteers if they worked for any sustained period. So they were put on the payroll of contractor QSSI as hourly workers, making what Dickerson says was "a fraction" of his Google pay.

The day after their first breakthrough with the caching, Dickerson and the rest of the team gave Zients and Park their verdict: they could fix the site by the end of November, six weeks away, so that "the vast majority" of visitors could go on and enroll. "I was, like, never worried," Dickerson adds. "It's just a website. We're not going to the moon."

A few hours later on the afternoon of Oct. 23, Zients and McDonough told the President the news. According to Zients, the President "pressure-tested the decision," putting them through a series of questions related to why they thought they could make that deadline. Then he signed off on it. There was one further irony: the general contractor Zients and Park had chosen to coordinate things, they told the President, was QSSI, which had handled some of the more successful functions of the ailing website. Andy Slavitt, a top executive from another unit of QSSI's parent company—UnitedHealth Group, the giant insurer—would be called in to run the QSSI team. Which meant that the largest player in an industry that had vehemently opposed Obamacare in 2010 was now about to take a lead role in saving it. And profiting from it.

4. Stand-Ups And Hiccups

IT WAS IN A 4,000-SQ.-FT. ROOM RENTED BY QSSI IN A nondescript office park in Columbia, Md.—lined with giant Samsung TV monitors showing the various dashboard readings and graphs—that Barack Obama's health care website was saved. What saved it were Mikey Dickerson's stand-ups.

Stand-ups, which Mike Abbott says became a standard part of his playbook at Twitter, are Silicon Valley-style meetings where everyone usually stands rather than sits and works through a problem or a set of problems, fast. Then everyone disperses, acts and reports back at the end of the day at a second stand-up. Dickerson held the first one on Oct. 24. He would convene them every day, including weekends, in October and November, at 10:00 in the morning and 6:30 in the evening. Each typically ran about 45 minutes ("causing some of us to sit down," Dickerson concedes). An open phone line would connect people working on the website at other locations; in fact, the open line would remain live 24 hours a day so that everyone could immediately talk to the others if an issue suddenly came up.

Dickerson quickly established the rules, which he posted on a wall just outside the control center.

Rule 1: "The war room and the meetings are for solving problems. There are plenty of other venues where people devote their creative energies to shifting blame."

Rule 2: "The ones who should be doing the talking are the people who know the most about an issue, not the ones with the highest rank. If anyone finds themselves sitting passively while managers and executives talk over them with less accurate information, we have gone off the rails, and I would like to know about it." (Explained Dickerson later: "If you can get the managers out of the way, the engineers will want to solve things.")

Rule 3: "We need to stay focused on the most urgent issues, like things that will hurt us in the next 24–48 hours."

The stand-up culture—identify problem, solve problem, try again—was typical of the rescue squad's ethic. They worked stretches of three or four days during which they might have had five or 10 hours of sleep cumulatively, often changing clothes only when they made a shopping trip to the nearby mall. They and the dozens of willing, even eager, engineers they led—who worked for the contractors who had failed so badly to lead them in the run-up to Oct. 1—pounded away on the bugs that Dickerson had demanded they identify every morning, focus on and clear up in time for the evening stand-up. They began to sweep across increasingly big swaths of their punch list.

Well, actually, they hummed along happily for less than three days, until the whole site crashed at 1:20 a.m. on Sunday morning, Oct. 27, two days after Zients had announced that all would be well by Nov. 30. A switch had failed during maintenance work at a data center. The outage lasted 37 hours, during which Dickerson and his team could do little because they had no website to look at.

Then, two days later at 4:00 p.m. on Oct. 29, it went down again because of a malfunction in a data-storage unit. This outage lasted 40 hours, including the afternoon of Oct. 30, when HHS Secretary Sebelius testified about the website's

According to testimony given to Congress, HHS had spent \$319 million on the website by the end of October

troubles before a loaded-for-bear House of Representatives subcommittee, whose majority Republican members flashed images on their tablets and iPhones of the website being down as they questioned her. "In her testimony Ms. Sebelius came across as a hapless official," the *New York Times* reported. "Those outages were totally demoralizing," says Burt. "We thought we were on our way. We had gotten some momentum but lost it."

"The team," says Zients, "let's pick ourselves up and fight," Park recalls. "And when the site came back, we pushed ahead nonstop ... We went from doing three or four releases"—upgrades or changes to the website—"in October to 25 in November."

"The team," says Zients, "ran two-minute drills to perfection. We had the best players on the field. Some plays didn't work. We talked about some of those. But there was never any finger pointing. People just hustled right back to the line, and we ran the next play."

Dickerson was so adamant about the need to forgo finger pointing and move on to the next play that during one stand-up in mid-November he demanded a round of applause for an engineer who called out from the back of the room that a brief outage had probably been the result of a mistake he had made.

Zients isn't a techie himself. He's a business executive, one of those people for whom control—achieved by lists, schedules, deadlines and incessant focus on his targeted data points—seems to be everything. He began an interview with me by reading from a script crowning the team's 10-week rescue mission as the White House's "Apollo 13 moment," as if he needed to hype this dramatic success story. And he bristled because a question threatened not to make "the best use of the time" he had allotted. So for him, this Apollo 13 moment must have been frustrating—because in situations like this the guy in the suit is never in control.

True, Zients had assembled a terrific team that had gelled perfectly. But his engineers could move only so fast. Though he had carte blanche to add resources, putting 10 people on a fix that would take one coder 10 days doesn't turn it into a one-day project. Coding doesn't work that way. "Jeff was a great leader, but there were limits," says Dickerson. "He would ask us every day if we were going to make the deadline ... He'd say how he had to report on how we were doing to the President. And I'd say till I was blue in the face, 'We're doing as much as we can as fast as we can, and we're going to do that no matter what the deadline is.'"

One crisis as the November deadline approached gave the team confidence that it could work through anything. Paul Smith, the campaign alumnus Burt had persuaded to join the team just as he was trying to raise money for a startup, had been working on a problem that had stumped everyone so far: the unique identifier that the website had to issue to anyone who was trying to enroll was taking too long to generate. By the afternoon of Nov. 6, the ID generator became so overloaded that the site was effectively down. "This kind of database problem is in basically everything I've ever worked on before," Smith says. "So I worked with the dev team to come up with a patch."

The patch worked in some ways, but the team learned a few days later that the identifications it was generating

didn't have the right number of digits to match insurance companies' needs. So it had to be removed, and on Nov. 20 the old ID generator effectively shut the website down again. Smith and the team quickly designed a new patch, this time with the right number of digits, and executed what's called a "hot fix," meaning they put it onto the site almost instantaneously without testing. It worked.

As Dickerson marched his troops through the punch list in November, he added to the team, mostly with recruits he had worked with at Google. Jini Kim, a 32-year-old who had left Google to start her own health care data-analytics service, arrived on Nov. 21 and became the team's "Queen of Errors." Her job was to work with a group at a separate office near Dulles Airport in Virginia devoted to dealing with longer-term issues the site would face following the Nov. 30 deadline. The most important of these was scale: Would the site be able to handle the traffic a revived and working HealthCare.gov would, everyone hoped, generate?

One of the key issues involved in preparing for that surge was the error rate—the rate at which any click on the site generated a result that it was not supposed to, such as a timeout or the popping up of the wrong page. In October the error rate had been an astoundingly high 6%, meaning that even the lucky few who got on to the site invariably had something go wrong, because at 6%, just 15 or 16 clicks on the site would likely produce a problem.

With Thanksgiving falling on Nov. 28, what for most of the country was a long holiday weekend became five days of two-minute drills for the team, all aimed at keeping the President's promise of a website working for the "vast majority" of visitors by Sunday, Dec. 1. Dozens of items remained on the punch list. For example, people still couldn't go back a page on the website in certain situations, and the process for comparing competing insurance plans was still too slow. So the releases were pumped out even faster. At the same time, the engineers executed a major upgrade in the hardware powering the system, giving it more capacity and reliability. "You normally don't do hardware and software changes at the same time," says Zients. "Because if something breaks you don't know what the cause is. But we were in a position where we had to take chances."

The rest of the world remained skeptical. On Nov. 13, CMS issued its first report on monthly enrollments, covering the disastrous October rollout. Just 26,794 people had enrolled through the federal exchange over the entire month—90% fewer than what the Administration had been counting on. The night before, the *Washington Post* website ran a lead story headlined TROUBLED HEALTHCARE.GOV UNLIKELY TO WORK FULLY BY END OF NOVEMBER. Citing "an official with knowledge of the project," the *Post* reported that "government workers and technical contractors racing to repair the Web site have concluded ... that the only way for large numbers of Americans to enroll in the health-care plans soon is by using other means so that the online system isn't overburdened."

After a slew of fixes on Nov. 27, the day before Thanksgiving, and more on Thanksgiving morning, the team went to Park's house for turkey. Later that night, they returned to the office to execute still more releases while they shared pies brought in by Zients. On Sunday, Dec. 1, Zients issued

a public report card showing the website's turnaround. A series of hardware upgrades had dramatically increased capacity; the system was now able to handle at least 50,000 simultaneous users and probably more. There had been more than 400 bug fixes. Uptimes had gone from an abysmal 43% at the beginning of November to 95%. And Kim and her team had knocked the error rate from 6% down to 0.5%. (By the end of January it would be below 0.5% and still dropping.) The press generally accepted the new numbers but questioned whether the site would be able to handle all the traffic expected ahead of the Dec. 23 deadline for people who wanted coverage effective on Jan. 1.

That was what Zients, Park and the rescue crew were worried about too. And yet through December, the numbers kept improving, helped by Kim's falling error rate and a group of new Dickerson recruits who either parachuted in for stays of a few weeks or, in some cases, vowed to stay until the close of enrollment at the end of March.

The team gathered at the command center early on Monday, Dec. 23, to see if what they had rebuilt could handle the traffic crush.

"I'll never forget that day for the rest of my life," says Park. "We'd been experiencing extraordinary traffic in December, but this was a whole new level of extraordinary ... By 9 o'clock traffic was the same as the peak traffic we'd seen in the middle of a busy December day. Then from 9 to 11, the traffic astoundingly doubled. If you looked at the graphs, it looked like a rocket ship."

Traffic rose to 65,000 simultaneous users, then to 83,000, the day's high point. The result: 129,000 enrollments on Dec. 23, about five times as many in a single day as what the site had handled in all of October. Because the sign-up deadline had been extended until Christmas Eve, Park and the team slept a few hours at the DoubleTree and came back at dawn. Traffic was again at levels never seen until the day before—and produced 93,000 more enrollments.

As it got later on the afternoon of Christmas Eve, the band was starting to break up. Smith left early to spend the holiday with his wife and young daughter, whom he had not seen in weeks. Although he lived about 20 miles away in Baltimore, the commute had become an impossible luxury in the frantic weeks in the run-up to the deadline.

Before Smith left that night, he gave an impassioned speech about what a privilege it had been to work on the project and to work with this crew, and, says Park, "we all had a hug."

Later that night, Park talked by videophone to Dickerson's parents in Connecticut, thanking them for lending their son to the team.

Just after midnight, Park went home and Dickerson went back to the DoubleTree. He didn't go back to Google until Jan. 5, spending the days after Christmas helping organize a crew of pit bosses who would cycle in and out of the operations center, which looked calm and whose video dashboards all displayed a remarkably stable system when I was there recently. (One screen showed that the current average response time—once a ridiculous eight seconds per page—was down to 0.343 seconds.)

As of its mid-February report covering the period through Jan. 31, CMS says the site had processed 1.9 million enrollments.

5. Where Technology Stops And Policy Begins

CHALLENGES REMAIN. A BACK-END LINK PROVIDING PAYMENTS and automated account records to insurance companies has yet to be built and might not be completed before summer. But that is mostly a headache for the insurance companies, which have to bill and process payments through spreadsheets; it is not likely to affect consumers' experience or their access to insurance.

Had the Obama team brought in its old campaign hands in the first place to run the launch, there would have been howls about cronyism. But one lesson of the fall and rise of HealthCare.gov has to be that the practice of awarding high-tech, high-stakes contracts to companies whose primary skill seems to be getting those contracts rather than delivering on them has to change. "It was only when they were desperate that they turned to us," says Dickerson. "I have no history in government contracting and no future in it ... I don't wear a suit and tie ... They have no use for someone who looks and dresses like me. Maybe this will be a lesson for them. Maybe that will change."

In the way the team dropped everything to help and then stayed as long as it took, there's also a lesson about what John Doerr calls "the myth that everyone in Silicon Valley is a selfish narcissist." In one way or another, every member of the team told me the same thing—that this was the toughest but most rewarding project of their lives.

"The two months I spent on this were harder and more intense than the 17 months I spent on the campaign," says Burt, who like Dickerson initially thought he was going to be working for free. "But I loved every minute of it ... I believe in getting people health care. I am so proud of this."

"Jeff was good at pumping us up, and so was Todd," says one of the team members. "We even got to meet McDonough, the chief of staff, and that was good. But we really didn't need to be pumped up much. This is what we do. And this job had special meaning." That may be why none of the group—even those like Dickerson who had worked for President Obama during one or both of the campaigns and had met him multiple times at campaign headquarters—expressed any surprise or regret that they never got to meet the President. "I'm sure he's got a lot of other things to do," says Kim, chuckling. Nonetheless, a quick visit from Obama (who spent Thanksgiving 2013 at the White House) to the troops who worked around the clock to save his signature domestic-policy initiative would have seemed fitting.

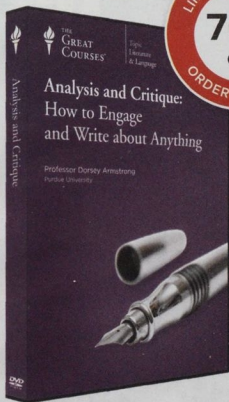
McDonough says that in meetings with the President prior to the launch, Obama always would end each session "by saying, 'I want to remind the team that this only works if the technology works.'" The problem, of course, was that no one in the meetings had any idea whether the technology worked, nor did the President and his chief of staff have the inclination to dig in and find out. The President may have had the right instinct when he repeatedly reminded his team about the technology. But in the end he was as aloof from the people and facts he needed to avoid this catastrophe as he was from the people who ended up fixing it.

Now that it is fixed, the real test of his legacy achievement—what should have been the test all along—will begin. The website works. Will Obamacare work?

The response times on the website decreased from an average of 8 seconds in late October to under half a second in January



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Check, please Richard Berman, architect of the restaurant industry's minimum-wage message, in February

Photograph by Ethan Hill for TIME



ECONOMY

WAGE WARRIOR

President Obama wants to raise the minimum wage. It's Richard Berman's job to stop him By Eliza Gray/Washington

IF YOU WANT TO MAKE SOME NEW FRIENDS AND just as many enemies, here's a helpful shortcut: take a position on raising the federal minimum wage. The question of how much workers at the bottom should be paid is fast becoming one of the most divisive issues in Washington. Liberals say a wage hike is the most immediate and fair tool we have to address growing inequality; conservatives argue that such a move would destroy jobs, throwing America's wobbly recovery off its axis for good. Get ready to hear a lot more about it between now and the November midterms as Democrats and Republicans fight over the merits of an increase, which 76% of Americans favor, according to Gallup.

To really grasp why the minimum wage has become the mother of all policy fun-house mirrors—big is small, small is big, and our economic future depends on how much the guy who assembled your Big Mac is making—consider what happened on the morning of Feb. 18. The nonpartisan Congressional Budget Office released a report assessing a Democratic proposal backed by President Obama to raise the federal minimum wage to \$10.10 from \$7.25—a nearly 40% increase—over two years. The report sent politicians on the left and right scrambling to find the nearest network camera.

The CBO estimates that the Democrats' plan would eliminate 500,000 jobs by the end of 2016 while also lifting some 900,000 families out of poverty. Jason Furman, chairman of the White House's Council of Economic Advisers, parsed the CBO's results by saying it was reasonable to conclude that the impact of the measure on employment would be "zero." Republican Senate minority leader Mitch McConnell threatened that Democrats driving for a higher minimum had better be "prepared to explain why up to a million Americans should be kept from having a job." And Democratic House minority leader Nancy Pelosi dismissed the CBO's prediction on job losses even as she touted its estimates on the benefit to the poor.

But the voice that may matter most is one many Americans have never heard of: Richard "Rick" Berman, a public relations guru and former lobbyist who claims to speak for the small-business owners who run the nation's diners and corner stores. Berman has been arguing against the minimum wage for years on the grounds that it destroys jobs. He's used a network of nonprofits to bludgeon his ideological opponents.

Dubbed Dr. Evil by his enemies, Berman uses rhetoric so brash that it polarizes even within the industry he's been hired to defend. The television and newspaper advertisements he devised on behalf of industry have helped lay the groundwork for the minimum-wage fight in 2014. In a debate that lends itself to spin, Berman may be the most vilified spinmaster. But he may also be the key to understanding how disagreement over raising a wage earned by a mere 4.7% of the hourly workforce can send politicians into a paroxysm of recrimination and contradiction.

Spin Cycle

IF YOU WATCH FOX NEWS, YOU MAY HAVE already seen the latest ad. A couple are dining at a restaurant when their waiter

WHO EARNS THE MINIMUM WAGE

Of the 75.3 million hourly-rate workers in the U.S., 3.6 million, or 4.7%, earn the federal minimum wage or less. Some 16.5 million earn less than President Obama's proposed \$10.10-per-hour federal minimum wage

Bureau of Labor Statistics, 2012

suddenly evaporates, leaving an iPad in his place. "Every time you use a self-checkout lane or even a touchscreen ordering system, it's a task that used to be part of someone's job description," a narrator explains gravely. "When you raise the minimum wage, a new government report confirms that up to 1 million jobs will disappear," the voice continues, referring to the CBO.

The ad, produced by his eponymous public relations firm, is classic Berman. Which is to say blunt. At 6 ft. 3 in., Berman cuts an imposing figure, with his wide-set shoulders and pitched, hairless dome. The 71-year-old speaks in declarative bursts—the sound bites seem to come without effort—with a hint of his native Bronx accent. Supporters think of him as the Wayne LaPierre of the restaurant industry, a true believer unafraid to talk straight. "People are not paid based on what they need," Berman says. "They are paid based on what they can contribute." He complains about the backlash against unpaid internships: "Quite frankly, I think people should be allowed to work for nothing."

As a young man, Berman worked at his father's gas station, pumping fuel and hustling for tips. After the New York Supreme Court struck down a law prohibiting self-service in 1967 he was surprised, he says, by how few people, when given the choice, were willing to pay for service. "Women would show up dressed for business in heels" and wait in line to pump their own gas, he recalls. After college, Berman earned a law degree from William and Mary and

WOMEN



6%

Women are more likely than men to be paid the minimum wage; 6% of women paid hourly earn the minimum wage or less, compared with 3% of men.

MINORITIES



3%

Asians, 3% of whom earn at or below the minimum, are less likely than black, white or Hispanic workers to make the minimum wage.

took a position as a labor lawyer at Bethlehem Steel. The experience of watching his employers haggle over contracts with labor unions thriving during boom times for American manufacturing sharpened his ideology. Unions, he says, tend to be self-righteous, and they overreach—often to the detriment of their members.

Berman went to work for the restaurant industry in 1975, eventually opening his own public relations shop in the late 1980s. Over the years, the industry has come to rely on his spin-doctoring during times of crisis—efforts to enact stricter drunk-driving laws in 1999 ("a prohibitionist rage sweeping through public life," Berman wrote), a 2006 *E. coli* outbreak (which actually showed "just how safe our food supply generally is") and more-recent attempts to restrict calorie counts ("busyboddy nannying"). Near the door to Berman's Washington, D.C., office, there's a framed copy of one of his firm's ads depicting then New York City mayor Michael Bloomberg as a nanny.

Berman became an especially controversial figure by levying personal attacks against his opponents, such as MADD, PETA and scores of restaurant-worker advocates, including unions. The nonprofits and trade groups in his network—they include the American Beverage Institute and the Center for Consumer Freedom—have also come under fire from the left-leaning watchdog Citizens for Responsibility & Ethics in Washington for not disclosing the donors that fund them.

UNMARRIED



8%

Among workers who have never married, 8% earn the minimum wage. Of workers who have been married, only 2% earn the minimum wage.

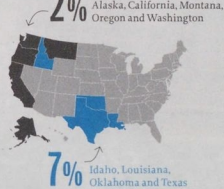
HOSPITALITY



19%

At 19%, the hospitality and leisure industry employs the highest percentage of minimum-wage workers (most in restaurants and food service).

STATES



Workers living in states on the West Coast were the least likely to be earning minimum wage. Workers in the middle South were the most likely.

His tactics have at times divided the restaurant industry. Richard Rivera, a restaurant developer based in Sarasota, Fla., who worked with Berman at the casual-dining chain Steak & Ale in the 1970s, says of Berman, "Rick makes points and asks questions that are uncomfortable. That's a good service. Not everyone agrees. People wish he would disappear both in and outside the industry. A lot are glad he's there. We—the businesses—don't do a very good job of telling our story."

Berman has been publicly railing against the very idea of a minimum wage since at least the late 1980s. The tablet in his firm's most recent ad is his newest talking point: the machines are coming for your job. The ad's gadget plays on the anxiety Americans feel about how new technologies might eliminate employment. "This is the first minimum-wage debate that I've seen—and I've seen a lot of them—where technology is available to start doing away with these jobs," he explains.

Berman points to the restaurant chain Chili's, which will install tabletop computer screens for ordering at more than 800 of its restaurants this year. (A Chili's spokesperson says the tablets are not designed to "replace" servers.) Berman argues that the Democrats' proposal will only accelerate the march toward automation of low-end jobs. "This will only be fully appreciated in hindsight," he says. "Technology has people pumping their own gas, getting their own boarding passes, and there's nothing

wrong with that, but there is an impact on the available jobs that don't require high skills."

Sparring Partners

OF COURSE, DIVISIONS OVER THE EFFECT of the minimum wage run much deeper than 30-second television sound bites. The debate among economists is surprisingly energetic. Activists and researchers on the left point to 1994 as the beginning of a sea change in the economic literature on the minimum wage. That's when David Card of the University of California, Berkeley, and Alan Krueger of Princeton examined fast-food restaurants in Pennsylvania and New Jersey before and after the Garden State raised its minimum wage. Contrary to long-accepted predictions from classical supply and demand, they found that the higher minimum wage created *more* jobs.

Card and Krueger have plenty of admirers—and rabid critics. In 2010, David Neumark, an economist at the University of California at Irvine, and William Wascher, an economist at the Federal Reserve Board, wrote a book called *Minimum Wages* that looked at two decades of research (including studies that had used Card and Krueger's approach). They found that two-thirds of the studies showed the exact opposite of the 1994 findings: that a minimum-wage hike resulted in job losses.

Neumark and Card, who have become intellectual enemies, both make it seem as though there isn't much credible evi-

dence against their points of view. "Most evidence still shows disemployment. Not all of it. But not all evidence shows there is man-made climate change either," Neumark tells TIME. "There's all kinds of reputable scientists out there who say there's no climate change," Card counters. "No amount of evidence is going to change their opinion. They can always look at any studies and put up an interpretation that matches their worldview."

Putting aside the effect on employment, many economists agree that a higher minimum wage is an imperfect tool for reducing poverty. "If you are going to make the world better for low-wage people, there is going to have to be some cost. There is always a cost. There's no totally free lunch usually," concedes Card. According to the CBO's estimate, 29% of earnings from the higher wage would go to workers in families earning three times the poverty threshold. Expanding the earned income tax credit—a benefit to poor and middle-income families that is held up by opponents of the minimum wage as a better poverty-fighting tool—would be more efficient, the CBO found.

As for Berman's argument about the threat of technology, economists say they don't yet know how it will affect employment in the future. It wasn't analyzed in the CBO report. "Mechanization is coming fast. That makes it a little frightening," says Harry Holzer, a professor of public policy at Georgetown and former chief economist for the Department of Labor under President Clinton. Holzer supports Obama's proposal to raise the minimum wage. "I've no doubt Berman will try to scare people," he says, "but I can't completely dismiss that issue. I wish friends on the left would acknowledge the possibility that the future might look different from the past." In other words, Berman is framing the issue in terms that have yet to be fully understood.

For now, the President's proposal doesn't appear to have the votes in Congress to pass—though a more modest increase, say to \$9.00 an hour, might succeed. But ultimately a new minimum wage won't sink the economy. Neither is it a silver bullet for America's inequality problem—and to Berman, anyone who suggests otherwise has a decidedly less lofty purpose. "People who are proponents of a minimum-wage hike can look very sympathetic and very compassionate," he says. "The compassionate politicians that pass the laws don't have their fingerprint on the outcome." ■



Out of the ashes
Kyiv's Independence
Square, the main scene
of antigovernment
protests, will need an
extensive cleanup



WORLD

THIS ISN'T OVER

Pro-West protests have toppled an unpopular leader. But Ukraine remains a mess—and Vladimir Putin can make it worse.

BY MICHAEL CROWLEY AND SIMON SHUSTER

Photographs by Yuri Kozlov for TIME

THE CAST OF CHARACTERS competing to decide Ukraine's future could come from a fairy tale, or maybe an operetta: the blond, braided beauty freed from prison by power; the heavyweight boxing champion turned protest leader; the thuggish President, now ousted, whose hidden estate included a personal menagerie of ostriches and peacocks; the billionaire confectionery mogul, known as the "chocolate king," who cast his lot with the revolution; the Baptist pastor who had the reins of power pressed, temporarily, into his hands. The protesters themselves range from starry-eyed young idealists wielding modern instruments of dissent, like cell-phone cameras and Twitter accounts, to radical thugs brandishing older implements, like hunting rifles and Molotov cocktails.

But waiting in the wings is perhaps the most important character of all, the man who could decide where the story goes next: Vladimir Putin.

It is tempting to imagine Russia's President as wounded by the ouster of his Ukrainian ally, Viktor Yanukovich. The protesters in Kiev's Independence Square didn't simply remove a corrupt leader. They explicitly rejected the political values Putin has championed on his side of the border in favor of a West European democratic model. This allows his critics, at home and abroad, to hold out hope for a similar uprising in Moscow, where political dissent, symbolized by the punk rockers of Pussy Riot, churns under the surface of state-enforced calm. "If I were Vladimir Putin... I'd be a little nervous," U.S. Republican Senator John McCain said on CBS's *Face the Nation*. "Because the people of Russia have watched this transpire, and they're tired of the crony capitalism and kleptocracy that governs Russia today."

On Feb. 24, the day after the triumphant closing ceremony of the Sochi Olympics, several hundred protesters gathered outside a central Moscow courthouse to demonstrate against the sentencing of eight anti-Putin activists; police arrested more than 400 people, a large number by Russian standards. It wasn't enough to give Putin pause: the same day, his government re-arrested the Pussy Riot members it had released just before the Sochi Games. But even small eruptions of dissent at home must trouble a leader whose dream of establishing a Soviet-lite Eurasian Union—

a loose confederation Putin hoped would rival the European Union, creating more formal economic ties between regional allies including Russia, Belarus, Armenia and Kazakhstan—has just suffered an embarrassing blow.

Putin's loss in Ukraine could be Barack Obama's gain. The U.S. President once sought to "reset" relations with Russia but more recently has found Putin a strategic rival on international issues like Syria and Iran as well as a personal antagonist who has critiqued Obama's policies and harbored the former NSA contractor and whistle-blower Edward Snowden. "This is an opportunity for the President to really be unequivocal with Putin," U.S. Republican Senator Kelly Ayotte told Fox News. "It's time to reset the reset."

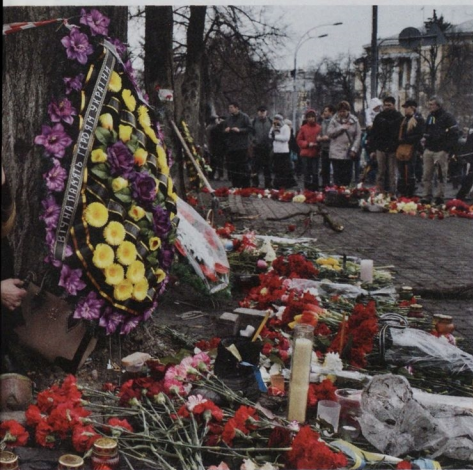
But to turn the screws on Putin, Obama may have to assume more risk than he is willing to accept. Ukraine comes with a huge price tag, thanks to a succession of corrupt and inept governments that have left its economy in need of an estimated \$35 billion by the end of this year to avoid bankruptcy. Neither Obama nor the E.U. is willing to dole out any largesse and instead urge Ukraine to borrow from the International Monetary Fund (IMF). That money would come with stiff terms, like the removal of subsidies, which would spark new protests against Yanukovich's successor. If the Arab Spring has taught us anything, it is that the public square is fickle. (Yanukovich himself was denied office after a fraudulent vote by the 2004 street protests known as the Orange Revolution, only to be voted back into power little more than five years later.) Although at least 80 protesters died during the violence in Kiev, Obama's appetite for involvement in the crisis will also be limited by the absence of a direct U.S. interest in the outcome—or at least one that he can easily explain to the American voter.

Putin, on the other hand, wants to own the Ukraine problem, and he is willing to pay the price. He has already agreed to give Kiev \$15 billion in soft loans as well as cheap natural gas but has frozen the deal while the post-Yanukovich struggles play out. Should Ukraine's next leader be to Moscow's satisfaction, the purse strings will swiftly be loosened. And should Putin care to explain it to his voters, it's an easy sell: a pro-West Ukraine would be anathema to most Russians, much as Americans would recoil at a pro-Russian Canada.



The Russian leader has been remarkably silent on Ukraine, but Foreign Minister Sergei Lavrov described the street protests as the work of Western-backed "extremists" and "radicals." Moscow has also played up concerns for the safety of ethnic Russians in eastern Ukraine, especially on the Crimean Peninsula, a Russian territory until Soviet leader Nikita Khrushchev attached it to Ukraine in 1954. Pro-Russian politicians in Crimea have called on Moscow for protection from the same "fascists."

Such alarm raising is reminiscent of the run-up to Russia's 2008 invasion of Georgia, which Putin framed as Moscow riding to the rescue of Russians in the enclave of South Ossetia. In Ukraine, Putin's forces wouldn't have a long distance to travel. The Russian navy has a massive base in Sevastopol, on the Black Sea, and on Feb. 26, Putin ordered military



In remembrance A woman mourns at a memorial for protesters killed in Kiev's recent violence



exercises near the border to prepare for a potential "crisis situation."

Scramble for Spoils

KIEV IS NOW IN A STATE OF BARELY CONTAINED chaos, and it's unclear who will assume control. Former Prime Minister Yulia Tymoshenko, a woman Yanukovich jailed on dubious charges but who is a deeply divisive figure among Ukrainians, is now free and is said to be mulling a run for President in elections set for May 25. Another likely candidate: Vitali "Dr. Ironfist" Klitschko, the former heavyweight boxing champion, whose appeal in a country with a discredited political class may lie in the fact that he's a neophyte. There's also talk of a government role for chocolate king Petro Poroshenko, who made his fortune in confectioneries but has recently served as Trade and Foreign Affairs Minister and won admirers for joining the protests in

Kiev. The dark horse in the race for power is the ultra-nationalist Dmitry Yarosh, leader of the revolution's militant wing, who is now preparing for a career in politics.

Meanwhile, a patched-together government headed by Baptist pastor turned interim President Oleksandr Turchinov is trying to restore order before the elections while a multitude of reformers, nationalists, secessionists and corrupt politicians fight for their own interests. Turchinov has already warned against the threat of Crimean separatism, convening a meeting of security chiefs to discuss the anti-Kiev protests on the peninsula. If a referendum were held, the Russian ethnic majority would likely choose an alliance with Moscow and independence from the rest of Ukraine. But the interim government must balance the fear of a Russian-engineered partition with the very real likelihood of financial collapse. "Ukraine is now in a pre-default condition and sliding into the abyss," Turchinov warned in an open letter to the people.

Help is being offered from the West, but with heavy strings attached. IMF boss Christine Lagarde says the fund will help Ukraine if it "wants to actually undertake a reform of its economy," a vow the country's leaders have made repeatedly but never observed. Yanukovich turned away from the E.U. during negotiations in November in part because he feared the austerity measures required in exchange for aid would torpedo his prospects for re-election.

But there's also the nettlesome question of whether the E.U. really wants Ukraine in its orbit—the dream for which protesters in Kiev fought, died and bled. The debt-laden economies of European countries like Greece, Spain, Portugal and Ireland nearly brought down the E.U. Some Ukrainians wonder why Russia or the West would even want to take on another basket case. "Ukraine is now a ruined country, a charity case," says Anatoly Ponomarev, a retired major general of the Soviet air force, who heads a local veterans' association in Sevastopol. "Why would Russia take that burden on its shoulders? Same with Europe. It'll be a headache lasting decades."

Eastern Anxieties

UKRAINIANS ARE DIVIDED INTO TWO distinct political camps, broadly along ethnic and linguistic lines. The industrial east, the engine of the nation's economy, is filled



Abandoned ship A guard watches over a floating restaurant at the former President's residence

mainly with Russian speakers, many of them still nostalgic for the days of the Soviet empire. The agrarian northwest is composed mainly of Ukrainian speakers influenced in their culture and politics by Poland and Eastern Europe, who are at best suspicious of Russian intentions toward their country.

The revolutionaries of Independence Square were mostly westerners, and many of the police ranged against them were from the east. For the victors, Yanukovich's ouster represents triumph and hope for integration into Western Europe, which they see as the silver bullet that will fix Ukraine's culture of economic corruption and political thuggery. That's why Anastasia Monzhara, 24, a store clerk, joined the protests in December: Yanukovich's embrace of Russia, she says, was retrograde. "People got used to the idea that we were moving forward in a new direction, toward Europe finally, not backward again to Russia," she says.

For many easterners, even those who were not fans of Yanukovich, the collapse of his government represents tragedy and threat. Born and raised in Sevastopol, Vlad Roditelev, 21, joined the police force

in 2012. When the government called reinforcements to Kiev in December, he considered the assignment a noble calling. Russian TV networks popular in Sevastopol were calling the revolutionaries Western-funded Nazi sympathizers, pointedly reminding viewers that nationalist fighters in Ukraine's west initially sided with German invaders in World War II, believing the Nazis would grant their country independence from Russia. "I felt pride," Roditelev says. "We were protecting our city from fascists."

What he saw from his side of the barricades reinforced that narrative. The protesters often carried the black-and-red flag of the Ukrainian nationalist movement, and neo-Nazi imagery—a variant of the Celtic cross, or the number 88—cropped up too. Roditelev was reminded of Russia's antigovernment protests in 2011–12, which were swiftly stamped out. "Putin keeps everything under control," Roditelev says. "In Russia you'll get thrown in jail for waving a fascist flag. But here it's all allowed."

The triumph of the protesters has left Roditelev despondent as he braces for retribution. "Now they'll choose a new prosecutor general, and then what? They can

come after all of us." It is time, he says, to close ranks around his own, the ethnic Russian majority of Sevastopol. "It's a civil war now," he says. "We just have to defend our own city. The country is lost."

If it does come to civil war, Crimeans know where they can turn for help. On Feb. 19, three days before Yanukovich fled, Tatyana Yermakova, a prominent pro-Russian activist in Sevastopol, sent an urgent plea for help to Moscow. The email was addressed to Putin, his Minister of Defense and the chairman of the defense committee in Russia's parliament. Yermakova, 59, warned of civil war, nefarious NATO intervention and even genocide. "On behalf of the residents of the city of Sevastopol," she wrote, "we appeal to Russia with a request to intervene in the unfolding situation and come to the defense of the Russian population of the Crimea."

Will Putin ride to Yermakova's rescue? The Obama Administration thinks it likely enough that National Security Adviser Susan Rice issued a warning on Feb. 23: it "would be a grave mistake," she said, one that could become a full-blown international crisis. But some analysts believe Putin has no interest in seeing a nasty civil



To Russia with love Residents of Sevastopol, in Crimea, clamor for closer ties with Moscow

war next door, one that could set a precedent for separatist movements within his own borders in places like Chechnya. "It is very much Putin's preference to keep Ukraine together," says Dmitri Trenin, director of the Carnegie Moscow Center.

Try telling that to Yermakova, though. She clutches a bullhorn at a rally she organized on Feb. 22 in Sevastopol's central square. "This is Russian land. Russia doesn't even need to invade. They're already right here," she says, pointing in the direction of the frigates and submarines stationed at the naval base. By some estimates, there are more than 13,000 Russian naval personnel in Sevastopol.

Time on His Side

PUTIN HAS OTHER WEAPONS AT HIS disposal that may prove far more effective than warships and soldiers. Chief among them are time and geography. "If you take the short-term view, the situation is of course very unstable," says Andrei Klimov, a Russian diplomat who has been involved in talks with the E.U. over Ukraine. "But Russia and Ukraine have been a union—religious, political, economic, you name it—for a thousand years. And if you look

at it from the perspective not of days but decades, that tradition will live on."

Whoever rules Ukraine next, and whatever the level of support he or she can get from the West, there will be no turning away from Russia. The countries share a 1,426-mile (2,295 km) border. Russia is Ukraine's biggest trading partner and the source of much of its energy. An angry Moscow could bring Ukraine to its knees by choking its gas exports to drive up prices, as it did in 2009. Putin could also permanently cut off financial aid.

Or he could simply sit back and watch Ukraine's opposition leaders pull one another apart in public, as they have so often in the past. The figure most likely to cause friction is Yarosh, leader of Pravy Sektor, a coalition of right-wing ultra-nationalist groups, many of which openly call for violence toward members of the old regime and pro-Russian "occupiers." While he jockeys for a key role in a new government, his fighters are manning checkpoints around Kiev and guarding its government quarter, including the secret-police building. If Yarosh hates Russia, he has no love for Europe either. "On the whole, I do not favor any

processes of integration," he says. "We no longer want to be the plaything of geopolitics. For the last two decades, we have been kicked around like a football from the West to the East. We've had enough."

But there will be much more kicking to come after Russia and the West have sized each other up and calculated their options. For now they're mainly trading insults and innuendo—and if the rhetoric is more intense in Moscow than in Washington or any West European capital, that's because the stakes are so much higher for Russia. "The Russians are prepared to go to the mat on this in a way that we just aren't," says Matthew Rojansky, director of the Kennan Institute at the Wilson Center in Washington. "We do not have the political will or the attention span." Not so in Moscow. "Putin takes the long view," says Klimov, the Russian diplomat.

At least the two sides are still talking. On Feb. 21, Obama called Putin for what one senior U.S. official described as an hour-long "constructive and workmanlike conversation." But should Ukraine fall deeper into crisis, the conversation may yet turn to confrontation. Putin won't remain in the wings much longer. ■



Water crisis?! Oh, I thought you said
wine crisis. I nearly panicked.

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The Culture

50 POP CHART When TV shows return from the dead

52 MOVIES Wes Anderson's European jaunt / **58 ART**

Back to the futurists / **61 TUNED IN** Ars apologetica



Wes Anderson's *The Grand Budapest Hotel* reimagines a lost Europe of the 1930s

PAGE 52

Pop Chart

LOVE IT

HAIKU REVIEW

Solid tunes, sharp hooks—/ Her voice blasts like dynamite./ Alas, there's no soul.

—SAM LANSKY ON LEA MICHELE'S *LOUDER* (OUT MARCH 4)

North Dakota has replaced Hawaii as the **happiest state in the U.S.**, according to the Gallup-Healthways Well-Being Index. Party in Bismarck, anyone?

TIME's Lev Grossman calls Elizabeth Kolbert's *The Sixth Extinction* "an urgent, essential reframing of humankind's impact on the natural world."



Moschino debuted a **McDonald's-inspired** collection at Milan Fashion Week, and it's actually... kind of palatable?

Matthew McConaughey on **the art of an Oscars acceptance speech**: "If I start with 'All right, all right' and 'Thank you,' I really can't go wrong."



OLÉ OLÉ OLÉ Soccer is known to inspire rabid fandom—but fine artwork? Don't scoff. In advance of the 2014 FIFA World Cup in Brazil, the Los Angeles County Museum of Art is offering a full collection of fútbol-fueled pieces (like Kehinde Wiley's 2010 oil painting of U.K. star Samuel Eto'o, above, which was originally commissioned by Puma), on view through June 20.

THE DIGITS

117

Boxes of cookies a Girl Scout sold (including all of her Tagalongs and Dulce de Leches) in two hours—after she set up shop outside a San Francisco medical-marijuana dispensary. According to her mother, that's a 46% increase over the product she moved in the same time span outside a Safeway.



QUICK TALK

Ashanti

It may be more than five years since she dropped a new album, but that doesn't mean the "Foolish" singer has been sitting around. In fact, Ashanti, 33, has started her own record label, for which she recorded *Braveheart* (out March 4).

—LILY ROTHMAN

This album was supposed to come out months ago. What caused the delay? Me being the head of my record label, there are so many things to deal with—and while that's happening, I'm like, "You know what, let me go into the studio." I love recording. I love what I do. Timing, sometimes, it wasn't my friend.

Does your album *Braveheart* have anything to do with the Mel Gibson movie? Kind of. In the movie, the Scots have homemade weapons and paint and they're barefoot, but their drive and their passion are undeniable. I feel like that's the position I'm taking. **How so?** Being a young female artist with the indie label, especially with the music industry changing so fast—I think it's an extremely brave move. **And I take it you're a fan of the movie.** It's definitely one of my favorites. **How many times have you seen it?** I haven't watched it recently, but one of my fans bought me two DVDs for Valentine's Day. **Speaking of valentines, one of your new tracks is called "First Real Love."** **How do you know when it's real?**

If you're in a one-room shack eating peanut butter and jelly and you're still happy, that's real love.

“
ON MY
RADAR

► **Bravo's *Real Housewives* franchise, especially *Beverly Hills* and *Atlanta***
“I can't lie. They get crunk. They definitely get crunk. It's a guilty pleasure.”





The pandas have low-carbon paw prints too: they're made of recycled materials



BEAR WITH THEM Yes, a theater full of paper pandas—like Taipei's National Theater, seen here on Feb. 24 populated by 1,600 of the bears and one Taiwanese tree frog—is pretty cute. But they're not just there for fun. Created by French artist Paulo Grangeon for an exhibition called "Pandas on Tour," the creatures are meant to draw attention to their real counterparts' scarcity: it's estimated that there are only about 1,600 giant pandas left in the wild.

ROUNDUP

The Walking Dead

NBC's decision to uncancel *Heroes*—the superhero drama, which went off the air in 2010, will return next year as *Heroes Reborn*—is just the latest network flip-flop to whip fans into a frenzy. Fox's 24, which ended its initial run in 2010, is coming back in May. But how will these revamps fare? We charted a few of their notable predecessors.

LEAST SUCCESSFUL

MOST SUCCESSFUL

FEAR FACTOR

NBC's 2013 revival of the early '00s obsession—hosted by Joe Rogan—debuted to middling ratings and lasted just eight episodes.

THE KILLING

Despite dwindling viewership and critical apathy, the drama series—starring Mireille Enos—has staved off two separate cancellations: one in 2012 and another in 2013. A fourth and "final" season will air on Netflix.

ARRESTED DEVELOPMENT

Netflix's much hyped revival of the cult-hit series—starring Jessica Walter—debuted to lackluster reviews, and there's no word on another season.

FUTURAMA

Comedy Central resurrected Matt Groening's award-winning series in 2008—five years after Fox canceled it—and it ran for three more seasons.

FAMILY GUY

The Seth MacFarlane series lasted just three seasons during its first go-round, but astronomical DVD sales inspired Fox to uncancel it in 2005. It's been going strong ever since.



Lily Allen is naming her forthcoming album *Sheezus*. "It's an homage" to Kanye West's *Yeezus*, she explained via Twitter.

TIME's James Poniewozik likens ABC's *Mixology*, a sitcom about singles hooking up over the course of one night in a bar, to "a novelty cocktail: a daring concoction with too many ingredients that eventually leaves you with a headache."



A U.K.-based food company is launching a line of frozen potatoes shaped like hashtags and @ symbols called Mashtags. Their taglines: #NEW and #tasty.

After 20 years, the Milk Processor Education Program is ditching its signature "Got Milk?" slogan for the vaguish "Milk Life."

FOR TIME'S COMPLETE TV, FILM AND MUSIC COVERAGE, VISIT time.com/entertainment



On the Night Train With Wes Anderson. The director's new take on old Europe

By Lily Rothman/Berlin

THE NIGHT TRAIN HASN'T YET LEFT BERLIN WHEN BILL MURRAY POPS INTO the compartment to ask where the balalaika music is.

This is not actually that surprising a question. The person he's asking is Wes Anderson. It's the day after the premiere of the writer-director's latest movie, *The Grand Budapest Hotel*, at the Berlin Film Festival, where it will go on to win the Grand Jury Prize. (It opens in U.S. theaters on March 7.) Murray and Anderson are en route to a press junket in Prague. Barely a minute passes before Randall Poster, the film's music supervisor, comes by to announce that he's brought speakers; the balalaika music will be in his compartment.

But let's make the obvious leap: the scene revolving around Anderson bears a striking similarity to one of the set pieces you've come to expect in his movies. There are miniature bottles of Moët crammed into the sink, stern-faced German rail officials, a large cast of characters bucket-brigading luggage. Even the filmmaker, willowy and with piano-worthy fingers that he tends to steeple when he makes a point, fits in.

In October—the same month that saw the release of a massive coffee-table book about Anderson's films—*Saturday Night Live* created a parody trailer for a Wes Anderson horror flick called *The Midnight Coterie of Sinister Intruders*, starring Owen Wilson, as portrayed by Edward Norton. As killers surround a house, they exchange notes on cute stationery with the homeowner. Meanwhile, the homeowner's children prepare for battle with their favorite weapons, a "rock hammer, Swiss Army knife, slingshot, fire-crackers, ship in a bottle, protractor, picture of Edith Piaf, assault rifle, little flag." It did what the best parodies should, relying on and highlighting an inescapable fact of the work it lovingly skewered: that you know a Wes Anderson movie when you see it.

Those who dislike his work call it twee or fussy or hipster, but there's no denying it's unique. His is a body of work—eight features, from 1996's *Bottle Rocket* to 2012's *Moonrise Kingdom* and now *The Grand Budapest Hotel*—rather than a run of movies. He's been nominated for three Academy Awards: twice for Best Original Screenplay (*The Royal Tenenbaums*, *Moonrise Kingdom*), once for Best Animated Film (*Fantastic Mr. Fox*). Norton calls him "one of the most original and distinctive directorial voices of my generation."

The Grand Budapest Hotel is, fittingly, the grandest element of that oeuvre. It



Made up Swinton is aged to play a wealthy older hotel patron



Muster the troops Norton as the local military-police chief

doesn't take place in Budapest. Like many of his films, it's set in a place and time that is one step removed from history. It's vaguely Central Europe during the onset of 1930s fascism, and the aesthetics of the era are rendered with panache. It stars Ralph Fiennes as Monsieur Gustave, the hotel's concierge, and Tony Revolori as his young protégé, with the cast rounded out by repeat Anderson collaborators such as Wilson, Norton, Murray, Tilda Swinton, Jason Schwartzman and Adrien Brody, as well as first-timers Jude Law and Saoirse Ronan. It's a caper, complete with a stolen painting and a jailbreak and a ski chase, and loads of locations—including one, the Bad Schandau elevator, that Anderson first saw out the window on an earlier trip along this very rail route.

But wait. Let's go back to that train. This time, look closer.

Making History

THIS IS A REAL TRAIN, AND NOT EVEN A particularly fancy one. Anderson, 44, is a real person. He's in Berlin, which is a real city, for real work-related reasons. It's easy to imagine that the filmmaker lives the way his fictional characters do, but what part of himself is really in the film? "Nothing I can think of," he says. "I don't think anything springs to mind." Case in point: the reason he's on a train is not so much the glamour as his distaste for flying. It's not that his films aren't personal—he uses

them to showcase books and movies and music that he loves, and he credits time spent in various European cities over the past decade with helping him develop *Grand Budapest* (that his life is real doesn't mean it's not charmed)—but there's a difference between making something personal and making a mirror.

Take, for example, the matter of nostalgia. There's a vintage look to many of Anderson's films, and sure, he cops to a certain love of the past. While researching potential shooting locations for *Grand Budapest*, Anderson traveled to many grand hotels before constructing a set based on that research in an old department store in the German town of Görlitz. Looking back at those trips, he laments the amount of beauty destroyed in the years since the real '30s. "It's hard not to sometimes feel like, What a drag.

We had something great here," he says. "Most places have changed radically. It is usually for the worse, a bit."

But his appreciation of the past isn't just about chic-hotel beauty—he's also deeply concerned about overpopulation—and it doesn't preclude a love of the present. Berlin is dominated by postwar construction, and Anderson believes being all new doesn't have to mean being all bad. "[In Berlin], there's also Renzo Piano and striking modernist stuff and the newest kinds of architectural ideas, things that just were not possible on the engineering front until pretty recently," he says. "I feel like that balances it out."

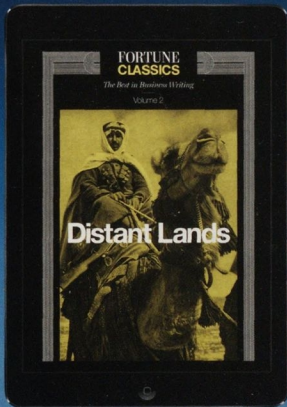
Besides, the nostalgia in *Grand Budapest* is not his own. It belongs to Stefan Zweig, a genteel Austrian-Jewish writer who escaped the Nazis but killed himself after it became clear that the beauty of life as it had been in pre-World War II Vienna could never be recaptured. He left a brave-sounding note about quitting while one is ahead. Zweig is one of the film's main inspirations, the others being Hollywood visions of 1930s Europe, courtesy of directors like Ernst Lubitsch, and a friend whose mannerisms influenced Fiennes' character's. Zweig's work was long out of print in the U.S. but is having something of a renaissance: he's credited in the movie, and on March 13, Pushkin Press will publish a new collection of his work, curated by Anderson.

'He's definitely steering the ship and doing exactly what he thinks is best for the movie.'

—OWEN WILSON

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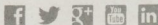
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Legal Notice
U.S. District Court for the
Southern District of New York

**Literary Works in Electronic
Databases Copyright Litigation**

**To: Freelance authors of
English language literary works**

This is a summary notice of a revised class action settlement. Please read this notice. It may affect your legal rights.

What is this proposed settlement about?

A settlement has been reached in a class action lawsuit alleging that commercial electronic databases and newspapers and magazines infringed the copyrights of freelance authors. The lawsuit alleges that newspapers and magazines, after publishing the works with the authors' permission, then sold them to the electronic databases without the authors' permission. The current settlement is a revision of a previous proposed settlement that was reached in 2005.

The settlement applies to English language literary works that were reproduced on a commercial electronic database without the authors' permission. Works may still be eligible even if not registered with the U.S. Copyright Office, and even if they were originally published outside the U.S. Excluded are works for hire and works for which the author granted electronic rights to the original publisher.

Freelance authors were notified of the previous settlement, and the deadline for submitting compensation claims under that settlement was September 30, 2005. Additional details about eligible works and your options are contained in the full Notice of Revised Class Action Settlement, available at www.copyrightclassaction.com.

What do I need to do?

Class members have three options: (i) do nothing; (ii) exclude yourself from the settlement; (iii) object to the settlement.

To remain a class member, you do not need to do anything. **To be eligible for a settlement payment, you must have already submitted a timely, valid claim under the previous settlement in 2005.** If you did so, then you need to do nothing further to participate in the settlement. (You will eventually hear from the Claims Administrator about the validity of your claim.)

You may still exclude yourself from the settlement. You must (1) mail a written request for exclusion, postmarked by May 9, 2014, *Electronic Databases Copyright Litigation*, EXCLUSION REQUEST, c/o GCG, PO Box 10033, Dublin, OH 43017-6633, **or** (2) submit an exclusion request online at www.copyrightclassaction.com by that date.

To object to the settlement, you must file a written objection by May 9, 2014.

Further information on each option is available at www.copyrightclassaction.com.

Final Fairness Hearing

A hearing on the proposed settlement will be held June 10, 2014 at 10:00 a.m. by U.S. District Judge George B. Daniels, U.S. District Court, 500 Pearl Street, New York, NY 10007, to determine whether the settlement should be approved. Class members or their counsel may appear in Court.

I have new contact information, whom should I contact?


If you have changed your mailing or e-mail address since the original settlement in 2005, you should notify the Claims Administrator, whose contact information is in the full Notice of Revised Class Action Settlement. If the Claims Administrator does not have your correct contact information, you may not receive your settlement payment (assuming you already submitted a valid claim in 2005) or notice of important developments in this class action.

Please do not contact the Court.

Dated: January 22, 2014

By Order of the Court
The Honorable George B. Daniels

www.copyrightclassaction.com



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many ways
to help kids
who stutter...

Doing nothing
is not one
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Zweig's influence on the film means that *The Grand Budapest Hotel* takes place against a real-world historical backdrop, fictional though the movie's version may be. More than any of Anderson's previous films, it makes clear that the distance he puts between cinema and reality doesn't mean he's not thinking about something big and real. It's got stand-ins for Nazism, with adherents dubbed the Zig Zags, and for communism too. So though Anderson doesn't depict the actual history of 1930s Europe—that's already been done so many ways, he says, that M. Gustave's story is more interesting without it—he's not skirting the issue.

"I don't think I would think of actively staying away from one thing or another," he says. "I can't say that I have some new analysis of totalitarianism. I don't want to stay away from anything or steer away from anything or avoid anything. I just want to make my story. What we know and the politics and meanings of all this stuff, it ought to be in there."

Well Suited

A MYSTIQUE CAN SPRING UP AROUND A filmmaker with a unique aesthetic, the idea that he or she is personally responsible for every second of every shot. But what reads to audiences as the individual will of the auteur is, Anderson is quick to acknowledge, largely the result of the auteur's skill at choosing a team. "It's a collaboration," he says. "[Costume designer] Milena Canonero and [composer] Alexandre Desplat and these actors and all these voices.... You cannot end up with the same thing if you change those names and keep mine." Successful working relationships are how the sausage gets made, even when the sausage is a perfectly cooked, regionally appropriate, vintage-looking bratwurst.

That cooperation is part of the reason his merry crew keeps coming back. This is a man who admits he would time actors walking down a hallway and then ask them to do it again until they shaved off 15 seconds, a man who doesn't shoot much coverage because he already knows which angles he'll use, but his

precision is a gentle one. Wilson, a long-time friend and collaborator, compares him to a ship's captain rather than a solo sailor. "Sometimes you work on a movie and you're not quite sure. You sense some anxiety in the director, that they're not sure exactly what they want," Wilson says. "But with Wes, you know he's definitely steering the ship and doing exactly what he thinks is best for the movie."

You can see it in the pastry boxes that show up throughout *Grand Budapest*. It's hard to see the ribbon-trussed cubes as anything other than another confection, something from Anderson's fertile imagination. But they're also a practical solution to a directorial problem. Anderson wanted a box that could go from closed to flat in one motion, having learned that showing characters opening regular boxes is a waste of film. Roman Coppola, a frequent colleague with a good eye for mechanics, stepped in to create just such a box. When the ribbon is undone, all four sides of the

box fall away like the petals of a flower.

Anderson doesn't mind fans' analyzing and categorizing his work—he did the same with favorite directors when he was a young film buff—but he doesn't think his aesthetic can be attributed to hard-and-fast rules; he just likes what he likes. "In a funny way, I still don't really know what a Wes Anderson movie looks like," says *Grand Budapest*'s production designer, Adam Stockhausen. "It really is from scratch each time. There are no magic decoder rings. It's not a formula."

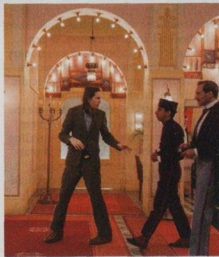
The openness partly explains how Anderson is still surprised when he sees dailies, a feeling he first encountered two decades ago. "I thought, O.K., so that's what this is like," he recalls of working on *Bottle Rocket*. "It was a good feeling."

That balance works for actors too, explains Revolori. "It's a bit like he makes a tailored suit and he makes it exactly the way he would like it, then finds someone to fit it," he says. "When you put it on, you're able to walk wherever you want with this great suit."

Which is appropriate, because a suit is the only concession Anderson will make to the idea that part of him is, indeed, reflected in the movie. This particular train will leave the station eventually. After a dinner at the U.S. ambassador's residence in Prague, there'll be Copenhagen, Amsterdam, Paris, New York City and Los Angeles. He won't discuss his next big project, but he wants to go to Japan soon, maybe to shoot another installment in a series of shorts he's made for Prada. So this particular chance to observe that Anderson's life looks like a scene from *The Grand Budapest Hotel* will vanish like the past the movie recalls.

Except for one thing, something the filmmaker will carry with him even then. During the shoot, it was cold. The Zweig stand-in character had a warm suit in a nice herringbone fabric. Anderson had another one made. For himself. "There's an identification with that character based on the fact that I actually stole his wardrobe," he says with a laugh. "Other than that, I don't really see anything."

At work Anderson, left, in a suit inspired by the film, directs Revolori, center, and Fienmes



Art

Let's Murder the Moonlight. The Guggenheim goes back to the futurists

By Richard Lacayo

"WE HAVE TO PERSECUTE, LASH AND torture all those who inveigh against speed." One thing about Filippo Tommaso Marinetti, an Italian poet who wrote in French: he knew how to get your attention. In 1909, Marinetti got much of the world's attention by launching futurism, the Italian arts movement that worshipped machinery, velocity, strength, force and all things new. It was an explosive and still somewhat under-rated cultural episode, and it makes for an indispensable new show at the Solomon R. Guggenheim Museum in New York City, curated by Vivien Greene, that's on view through Sept. 1. You might say it makes futurism timely.

We remember futurism now mostly through the work of its artists. But for 35 years, Marinetti was its chief theorist, pamphleteer, impresario and motormouth—"the caffeine of Europe," as he liked to call himself. Born in Alexandria, Egypt, in 1876, the son of a wealthy corporate lawyer, he never lacked money as an adult—unusual for an avant-garde poet but useful for a man determined to evangelize across Europe, preferably from good hotels. By sheer force of will, Marinetti established his new movement with his first "Futurist Manifesto." A peerless promoter—PR was the art he really excelled at—he managed to land it on the front page of *Le Figaro*, the leading Paris daily. He knew it would make more of a splash there than in resolutely nonfuturist Italy, a largely preindustrial nation obsessed with past glories, especially since it could claim no artists of consequence since the 18th century. If nothing else, futurism would put Italy back in the art-historical game.

Marinetti lived to provoke. He transmitted to the realm of culture and politics the rhetorical shock tactics of the French poet Arthur Rimbaud. That's Rimbaud we hear in Marinetti's most notorious promise: "We will glorify war—the world's only hygiene." And Rimbaud again in the title of his second delirious manifesto: "Let's

Murder the Moonlight." Within a year, summoned by his irresistible voice, the first circle of self-proclaimed futurist artists began to gather. Their shared goal was to represent speed, force and movement on canvas. As a start, they reached back to the pointillism of Georges Seurat—in Italy called divisionism—the technique of placing staccato strokes of contrasting pigments next to one another to create a mist of pulsing colors. One of the first masterpieces of futurist art is Umberto Boccioni's *The City Rises*, from 1910, in which municipal dynamism is represented by an exploding red stallion formed out of a whirlwind of brushstrokes. Part Pegasus, part Budweiser Clydesdale, part volcanic eruption, that spectral bronco links the explosive machinery of the new century with the horsepower that built the old world. Around the same time, Giacomo Balla applied a cascade of divisionist chevrons across *Street Light*, not just to suggest the glow of an outdoor lamp but also to make visible the voluptuous force field of electricity itself.

Soon the futurists adopted the Cubism of Pablo Picasso and Georges Braque, giving them new ways to fracture the picture plane and disassemble forms. In the stop-action photographs of Eadweard Muybridge and Étienne-Jules Marey, they found means to represent the appearance of bodies and limbs in motion. When Boccioni sculpted a bronze of a stationary object, *Development of a Bottle in Space*, in 1912, he drew it out into swirling vectors. In futurism, no object is stationary.

The futurists' favorite objects were the ones built for speed. Automobiles were their fetish par excellence, more dazzling than any ancient Greek marble. "A roaring car that seems to run on shrapnel," Marinetti wrote, "is more beautiful than the *Victory of Samothrace*." With the advent of the airplane, they produced a subcategory of dizzying "aeropictures" like Tullio Crali's *Before the Parachute Opens*.

In Antonio Sant'Elia, the movement

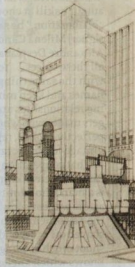


1. *Street Light*, Giacomo Balla, circa 1911

A cascade of brushstrokes represents the force field of electricity itself

2. *Città Nuova*, Antonio Sant'Elia, 1914

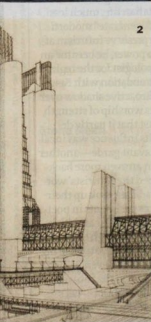
A model of the future world, swept free of the architectural past





3. Before the Parachute Opens,
Tullio Crali, 1939
Obsessed with aviation, the futurists developed a subgenre of aeropittura

4. The City Rises,
Umberto Boccioni, 1910–11
An explosive stallion links new-century energy to the old kind of horsepower



2



5. *Cosmopolis*, Ugo Pozzo, 1925

Futurist heaven—a vertiginous take on the built world that blots nature out of the picture entirely



6. *Large Crowd in the Piazza del Popolo*, Francesco Cangiullo, 1914

A text image built from futurist notions of free-form language



7. *Development of a Bottle in Space*, Umberto Boccioni, 1912

A stationary object imagined within a vortex of motion

had its own architectural visionary. Just 28 when he died in World War I, too young to have built anything, he nonetheless left behind spectacular imaginings of the futurist future, a world swept free of the architectural past. It was also free of any direct reference to nature, a touchy realm for the futurists, suspect to them precisely to the degree that it bore no mark of human invention. So the drawings of tall buildings Sant'Elia made in 1913 and '14, long before there was an actual skyscraper anywhere in Italy, have no trace of trees, grass or water. All the same, he invests his steel and concrete mesas with something like the majesty of nature. Many decades before they became a cliché of hotel atriums, he also gives them glass-enclosed elevators.

The futurists applied themselves in every field of the arts. In poetry that meant "words in freedom," liberated from syntax, grammar or even sense, a technique that produced ingenious image-texts like Francesco Cangiullo's *Large Crowd in the Piazza del Popolo*, from 1914. There was futurist music assembled from noise and futurist

theatrical events that were forerunners of performance art (and ideally ended in near riots). There was even futurist cuisine, with sauces concocted from chocolate, red pepper and—why not?—cologne that make present-day molecular gastronomy look like comfort food. Because "spaghetti is no food for fighters," Marinetti also detested pasta and started a campaign to eliminate it from the Italian diet. You know how far that got.

What Marinetti had in mind was not simply a movement in the arts but a complete transformation of society. So by 1918 he had produced "A Manifesto of the Futurist Political Party," a grab bag of ill-formed ideas. The following year, still struggling to synthesize socialism, anarchism and capitalism, he merged the Futurist Party with Mussolini's Fascists, a very bad move. By that time, World War I had claimed the life of not only Sant'Elia but also Boccioni, arguably the best artist ever associated with the group. It would be Marinetti's misfortune to live until 1944, time enough for him to lobby foolishly to make futurism

Italy's official state art and attempt an unlikely rapprochement with the church. Though he resisted admitting German anti-Semitism into Italian life, much less Hitler's loathing of "degenerate" modern art, in his struggle to preserve futurism after Mussolini's rise to power, he became an on-again, off-again apologist for the regime.

Marinetti's accommodation with Fascism has thrown a retroactive shadow over futurism, giving to its worship of strength and force a sinister cast that it partly deserves. All the same, its influence was incalculable. The Russian avant-garde—another would-be vanguard in an even more backward nation—absorbed the futurists' worship of machinery. Dadaism took up their anarchic cabaret and experiments in poetry. The Surrealists adopted their ambition to change the world. And though the dandish Marinetti would have turned up his nose at their torn T-shirts, even British punk rockers owed a debt to the futurist summons to annihilate tradition. "Let's murder the moonlight!" That's a line Johnny Rotten could have written.

Tuned In

Sorry Situation. Why even the worst fauxpologies still do the world good

By James Poniewozik

AFTER RIGHT-WING ROCKER-RANTER TED Nugent gave an interview to Guns.com and discovered that people find it offensive when you refer to the President as a "subhuman mongrel," it was time for a now common ritual: the sort-of apology. In a radio interview Feb. 21, the Motor City Madman said he was sorry—"not necessarily to the President," mind you, but to the conservative politicians he may have embarrassed, including the GOP candidate for governor of Texas he recently campaigned with. Only after the interviewer pressed him on whether he was apologizing to Obama himself did Nugent let slip a "Yes."

Frost/Nixon it wasn't. But Nugent's fauxpology was only the latest in what's become a Cirque du Désol of ritual remorse. *Duck Dynasty's* Phil Robertson was sorry for remarks about homosexuality and the pre-civil-rights South. Paula Deen, for seeming nostalgia for the pre-Civil War South. Actor and short-lived MSNBC host Alec Baldwin, for comments offensive to gays, and Pablo Galaviz of ABC's *Bachelor*, for other comments offensive to gays. Chris Christie (sorry about the bridge!). Shia LaBeouf (sorry about the plagiarism!). Target stores (sorry about your credit cards!).

Blather, repent, repeat. Scripted apologies are landing on our doorsteps like so many desperate, overstuffed I'M BEAR-Y SORRY! teddygrams. Maybe

some of these penitents are truly contrite, but it's hard to believe they all are. And it's natural to ask: What's the point? Can a blatantly insincere apology be any good to anyone?

Sure it can: just not for whom you might think.

Public apologies are different from, well, real ones. A real apology, between actual private humans, needs to demonstrate true remorse and learning on the part of the offender and needs to make the injured party feel better. But in a public apology, the apologizer, and maybe even the apologizee, is beside the point. The real point is the rest of us—the larger society, asserting the norms and changing boundaries of acceptable behavior.

It's not O.K. to insult a black President with the racially charged term "subhuman mongrel." It's not O.K. to demean women or suggest violence against people you don't like. It was once broadly considered O.K. to casually denigrate gay people; now it's not. If you do it in public, as a public figure, you'll be expected to say that you were wrong.

Maybe you'll even mean it. If so, great! But your personal growth is not the priority here. True contrition and change are important, but they take time, a lifetime maybe. (Last November, Baldwin said that his outbursts—for instance, calling a reporter a "toxic little queen"—were

"offensive and unacceptable." By February, he was on the cover of *New York* magazine ranting about being done in by the "Gay Department of Justice.") A calculated, self-interested apology at least tells the rest of the audience someone did something wrong, while the apologizer figures that out in his or her own time, if ever.

Sure, it's galling to receive an insincere apology. That's O.K.—that's where the insincere acceptance comes in. If you don't buy someone's "Sorry if you were offended," you don't have to support their campaign, watch their TV show or patronize their business. But you can move on rather than grow old waiting for a true change of heart. You cannot make someone humble. But you can make them humbled.

That last point, unfortunately, is not lost on partisans and advocates, who now collect sorries from their adversaries for lapses—real, imagined or trumped up—like battlefield trophies. But here too the disingenuous apology does a service. It's a pressure valve: it allows a sentence short of summary firing for every hasty tweet or nutty interview, lest we cull the world of every last intemperate but interesting personality.

I realize that arguing in favor of insincerity is morally unsatisfying. It encourages cynicism and opportunistic outrage; it makes a farce of every time I've told my kids they needed not just to say sorry but also to mean it. Guilty, guilty, guilty: the phony apology is an imperfect solution for an imperfect world. If I'm settling for too little, if I'm defining contrition down, I apologize. Though not necessarily to you. ■

Atone Deaf. A hit parade of recent recanting



PAULA DEEN
(June 2013)
Issued an apology for her use of the N word

ALEC BALDWIN
(November 2013)
Apologized for homophobic slurs hurled at a paparazzo

SHIA LABEOUF
(December 2013)
Apologized in skywriting for plagiarism; calls it "art"

PHIL ROBERTSON
(December 2013)
Issued a non-apology after anti-gay remarks in a Q&A interview

CHRIS CHRISTIE
(January 2014)
Apologized for a series of vindictive New Jersey traffic jams

JUAN PABLO GALAVIZ
(January 2014)
Made initial apology via Facebook after homophobic remarks

Call Me Plenipotentiary

Why, for my next gig, I'd make a great ambassador to Barbados



WHEN PRESIDENT Obama broke his promise to appoint more career diplomats

as foreign ambassadors and instead chose unqualified, rich campaign bundlers, I thought, Being an ambassador must be amazing. These are people so wealthy and with so many social connections that they can persuade their friends to give money to politicians. Yet they're willing to leave their great lives to move to a foreign country. Any foreign country. The only people desperate enough to take that deal are Roman Polanski, Edward Snowden and rich kids who don't want to go to college.

It so happens that I'm looking for a second career, since print journalism is no longer a career. I enjoy talking to strangers, love America, eat weird foreign food, instinctively defuse tense situations and own two suits. Best of all, being an ambassador, like my first career, doesn't require any qualifications whatsoever. Obama's picks for the ambassadors to Argentina, Norway and Iceland have never even been to those countries and seem to know little about them. I, on the other hand, am so committed to Iceland that I once flew there to interview Björk, even though she lived three blocks from me in Manhattan. It was a very expensive trip that demonstrated both my commitment to journalism and why Time Inc. journalists no longer book their own travel arrangements.

But before I start bundling money for Obama, I wanted to find out what's so great about being an ambassador. Michael Wood, a friend and fraternity brother of George W. Bush's who served as the ambassador to Sweden, said, "The opportunity to be on a first-name basis with a Prime Minister is irresistible." I asked if that was really worth moving your family for. "No," he admitted. "Maybe it's the full-time chef or the car and driver." Having a Swedish chef was my childhood dream, along with getting two old men to sit on a balcony and make fun of everything I say.

If I became an ambassador, the U.S. would pay for my huge living quarters, parties and possibly my kid's school. Also, my official title would be Ambassador Extraordinary and Plenipotentiary, the latter being a totally made-up word used just to impress people, like DJ. But as Dennis Jett, a career diplomat who plenipotentiaries Mozambique and Peru, pointed out, there would actually be work to do, even in a spot like Western Europe or the Caribbean, where they place big donors. And my budget might not cover all the parties I'd have to throw or the

upkeep of the older residences. "My average student thinks being a diplomat is endless partying and parking wherever you want," Jett said. "Some of the contributors have no greater sophistication. They're unhappy when they discover they have a large diplomatic agency to manage." I could figure out the management stuff later, but for now, I wanted more details on this "parking wherever you want" thing.

Tom Korologos, a former ambassador to Belgium, said the job is a great ego trip: you get to hang art from American museums and bring in orchestras, and you're the highest-ranking American in the foreign country. This allows rich diplomats to impress their rich friends—the single biggest challenge of being rich, since they can't do it like the rest of us do, with money. But Korologos warned me that if I took a European post, I'd be picking up a lot of visiting Americans at the airport at 6 a.m. and would be obligated to go to several parties every night. "They're a pain in the ass," he said. "The dinners in Spain start at 10 and end at 11:30, and then the entertainment started. In Spain or Greece even, they would get home at 4 and sleep for a few

hours before a 7 o'clock meeting." I happen to like staying out late, meeting people, sharing my love of America and skipping 7 a.m. meetings.

The best part of being an ambassador is that everyone is interested in you. "You are among the top five or 10 most important people in the country," said Daniel Kurtzer, who served as the ambassador to Egypt and Israel. "I was probably No. 2 in both countries." This seems like a great deal, especially in a place like Egypt, where they seem to put the No. 1 guy in jail.

My main challenge was going to be persuading my lovely wife Cassandra to move to a foreign country where she doesn't know anybody and doesn't speak the language. I tried to win her over by telling her about all the parties we'd throw and attend with foreign diplomats. This was a tactical error. "It sounds stressful. And boring," she said. "Diplomats aren't going to get drunk and tell you their deepest, darkest secrets at a cocktail party. They're going to be polite and dignified and proper and *diplomatic*." But she said we could indeed go overseas, as long as I went to most soirees alone and didn't call them soirees.

So I'm asking you all to donate to the Democratic Party, and I'll bundle your checks in a rubber band, send them to Obama and be off to Barbados. You can totally come visit. You just might not see Cassandra.



10 Questions

Before producing *Survivor*, hosted by Jeff Probst, right, Burnett was a paratrooper, nanny and T-shirt vendor



Reality-TV honcho and ex-paratrooper **Mark Burnett** on the Kardashians, casting Jesus and the one that got away

How did you go from making reality TV like *Survivor* and *The Voice* to taking on the Bible three times—with last year's miniseries, the *Son of God* movie and the upcoming *A.D.*? I don't even know what "reality TV" means, but unscripted dramas are made on a pretty large scale, with multiple helicopters and a crew of about 400. And most of my things are extremely family friendly or even morality plays. For instance, in *Survivor*, the person who gets a million dollars is asking the people they eliminated to give them a million dollars. So the worse you treat others, the less likely you are to get the million.

In 2004 you said you didn't believe in any religion. Did you have a change of heart?

What I always thought growing up, which I think a lot of people feel, was that the Bible was like a rule book and if I stepped left or right, a lightning bolt might hit me. But actually it's a love story. I'm hoping that, while *Son of God* is an epic movie and a political thriller, it's still got this intimate, personal love story.

Did you ever consider going with a nonhandsome Jesus?

When Diogo Morgado walked up our garden path, Roma [Downey, Burnett's wife] looked out the window and said, "That's him." I said, "Roma, we haven't even met him." She said, "I prayed to God to let me know him when

I see him." And look at the choice the Holy Spirit made.

A model and Portuguese telenovela star?

What does that matter? That's like saying someone was a milkman, got called up to go fight in the war and got the Medal of Honor. What does it matter what he was?

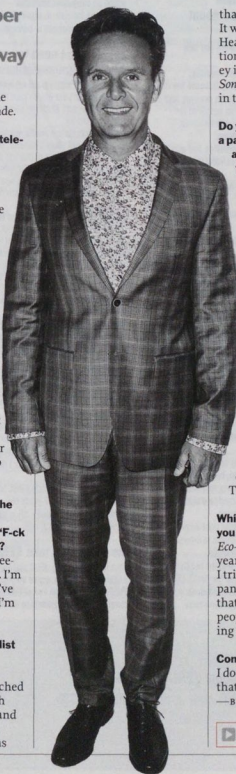
***Son of God* is partly created from scenes originally shot for *The Bible* series on the History Channel. Did you anticipate that being so big?**

No. It got 13 million on that first Sunday. And then suddenly everyone's talking about it being the No. 1 show. It beat *Game of Thrones*. It beat *Walking Dead*. I remember that CNN headline—GOD BEATS ZOMBIES!

Cee Lo Green, who sings the closing gospel number, is most famous for his song "F-ck You." Why did you ask him? His voice. It's beautiful. Cee Lo grew up in the church. I'm not to judge anybody, so I've never asked him what... I'm not his parent.

Are you kind of an evangelist now?

Not "kind of." Look, how many people have we reached in the last 12 months with this message? Hundreds and hundreds of millions. Do you remember what it was



that launched Billy Graham? It was William Randolph Hearst. And Hearst Corporation put the first initial money into *The Bible* series and *Son of God*. Same corporation in the same lifetime.

Do you think your service as a paratrooper in the British army gave you a tolerance for more risky projects?

No. You are either driven by running away from fear or running to pleasure. I tend to run away from fear. But my fear is of looking back having not tried.

As more or less the creator of unscripted TV, do you feel at all responsible for the rise of the Kardashians and Snookis of the world?

Nothing to do with me. I think the reason I have all these TV shows—and last year I had seven—is because they're all family friendly. I do know the Kardashians are Christians. They're friends of ours.

Which of your shows would you have liked to be bigger?

Eco-Challenge. It ran for nine years, so I can't complain. But I tried to launch a travel company around it. I didn't realize that it was so tough on TV, people couldn't imagine making a holiday out of it.

Come and have a terrible time! I do love the wilderness. I feel that really fits in, biblically.

—BELINDA LUSCOMBE

FOR VIDEO OF OTHER QUESTIONS, GO TO time.com/10questions

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Please read this summary carefully before you start taking SEROQUEL XR and each time you get a refill. There may be new information.

No advertisement can provide all the information needed to determine if a drug is right for you or take the place of careful discussions with your health care provider. Only your health care provider has the training to weigh the risks and benefits of a prescription drug.

What is the most important information I should know about SEROQUEL XR?

Serious side effects may happen when you take SEROQUEL XR, including:

- **Risk of death in the elderly with dementia:** Medicines like SEROQUEL XR can increase the risk of death in elderly people who have memory loss (dementia). SEROQUEL XR is not approved for treating psychosis in the elderly with dementia.
- **Risk of suicidal thoughts or actions:** Antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions:
 1. Talk to your, or your family member's, healthcare provider about:
 - all risks and benefits of treatment with anti-depressant medicines
 - all treatment choices for depression or other serious mental illness
 2. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.
 3. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions. These include people who have (or have a family history of) depression, bipolar illness (also called manic-depressive illness), or suicidal thoughts or actions.
 4. How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?
 - Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
 - Call the health care provider right away to report new or sudden changes in mood, behaviors, thoughts, or feelings.
 - Keep all follow-up visits with the health care provider as scheduled. Call the health care provider between visits as needed, especially if you have concerns about symptoms.

Call a health care provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- attempts to commit suicide
- new or worse depression
- new or worse anxiety
- feeling very agitated or restless
- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

What else do I need to know about antidepressant medicines?

- **Never stop an antidepressant medicine without first talking to your health care provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the health care provider, not just the use of antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the health care provider about the side effects of the medicine prescribed for you or your family member.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member take. Keep a list of all medicines to show the health care provider. Do not start new medicines without first checking with your health care provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Talk to your child's health care provider for more information.

What is SEROQUEL XR?

SEROQUEL XR is a prescription medicine used to treat bipolar disorder in adults, including

- manic episodes associated with bipolar disorder alone or with lithium or divalproex
- depressive episodes associated with bipolar disorder
- long-term treatment of bipolar I disorder with lithium or divalproex
- manic episodes associated with bipolar I disorder in children ages 10 to 17 years old

It is not known if SEROQUEL XR is safe and effective in children under 10 years of age.

Who should not take SEROQUEL XR?

Do not take SEROQUEL XR if you are allergic to quetiapine fumarate or any of the ingredients in SEROQUEL XR. See the end of this summary for a complete list of ingredients in SEROQUEL XR.

What should I tell my health care provider before taking SEROQUEL XR?

Before taking SEROQUEL XR, tell your health care provider if you have or have had:

- diabetes or high blood sugar in you or your family; your health care provider should check your blood sugar before you start SEROQUEL XR and also during therapy
- high levels of total cholesterol, triglycerides or LDL-cholesterol or low levels of HDL-cholesterol
- low or high blood pressure
- low white blood cell count
- cataracts
- seizures
- abnormal thyroid tests
- high prolactin levels
- heart problems
- liver problems
- any other medical condition
- pregnancy or plans to become pregnant. It is not known if SEROQUEL XR will harm your unborn baby
- breast-feeding or plans to breast-feed. SEROQUEL XR can pass into your breast milk. You and your health care provider should decide if you will take SEROQUEL XR or breast-feed. You should not do both

Tell the health care provider about all the medicines that you take or recently have taken including prescription medicines, over-the-counter medicines, herbal supplements and vitamins.

SEROQUEL XR and other medicines may affect each other causing serious side effects. SEROQUEL XR may affect the way other medicines work, and other medicines may affect how SEROQUEL XR works. Especially tell your health care provider if you take or plan to take medicines for:

- depression
- Parkinson's disease
- high blood pressure
- trouble sleeping
- abnormal heart beats or rhythm

Also tell your health care provider if you take or plan to take any of these medicines:

- phenytoin, divalproex or carbamazepine (for epilepsy)
- barbiturates (to help you sleep)
- rifampin (for tuberculosis)
- glucocorticoids (steroids for inflammation)
- thioridazine (an antipsychotic)
- ketoconazole, fluconazole or itraconazole (for fungal infections)
- erythromycin (an antibiotic)
- protease inhibitors (for HIV)

This is not a complete list of medicines that can affect or be affected by SEROQUEL XR. Your doctor can tell you if it is safe to take SEROQUEL XR with your other medicines. Do not start or stop any medicines while taking SEROQUEL XR without talking to your health care provider first. Know the medicines you take. Keep a list of your medicines to show your health care provider and pharmacist when you get a new medicine. Tell your health care provider if you are having a urine drug screen because SEROQUEL XR may affect your test results. Tell those giving the test that you are taking SEROQUEL XR.

For more information about SEROQUEL XR, visit www.SEROQUELXR.com or call 1-800-236-9933.

SEROQUEL XR®
quetiapine fumarate
extended-release tablets
50, 150, 200, 300 & 400 mg

AstraZeneca

How should I take SEROQUEL XR?

- Take SEROQUEL XR exactly as your health care provider tells you to take it. Do not change the dose yourself.
- Take SEROQUEL XR by mouth, with a light meal or without food.
- SEROQUEL XR should be swallowed whole and not split, chewed or crushed.
- If you feel you need to stop SEROQUEL XR, talk with your health care provider first.

If you suddenly stop taking SEROQUEL XR, you may experience side effects such as trouble sleeping or trouble staying asleep (insomnia), nausea, and vomiting.

- If you miss a dose, take it as soon as you remember. If it is close to the next dose, skip the missed dose. Just take the next dose at your regular time. Do not take 2 doses at the same time unless your health care provider tells you to. If you are not sure about your dosing, call your health care provider.
- If you take too much SEROQUEL XR, call your health care provider or poison control center at 1-800-222-1222 right away or go to the nearest hospital emergency room.

What should I avoid while taking SEROQUEL XR?

Do not drive, operate machinery, or do other dangerous activities until you know how SEROQUEL XR affects you. SEROQUEL XR may make you drowsy.

- Avoid getting overheated or dehydrated.
 - Do not over-exercise.
 - In hot weather, stay inside in a cool place if possible.
 - Stay out of the sun. Do not wear too much or heavy clothing.
 - Drink plenty of water.
- Do not drink alcohol while taking SEROQUEL XR. It may make some side effects of SEROQUEL XR worse.

What are possible side effects of SEROQUEL XR?

Also see "What is the most important information I should know about SEROQUEL XR?" at the beginning of this document.

SEROQUEL XR can cause serious side effects, including:

- Stroke that can lead to death can happen in elderly people with dementia who take medicines like SEROQUEL**
- Neuroleptic malignant syndrome (NMS):** Tell your health care provider right away if you have some or all of the following symptoms: high fever, stiff muscles, confusion, sweating, changes in pulse, heart rate, and blood pressure. These may be symptoms of a rare and very serious condition that can lead to death. Stop SEROQUEL XR and call your health care provider right away

- High blood sugar (hyperglycemia):** Increases in blood sugar can happen in some people who take SEROQUEL XR. Extremely high blood sugar can lead to coma or death. If you have diabetes or risk factors for diabetes (such as being overweight or a family history of diabetes) your health care provider should check your blood sugar before you start SEROQUEL XR and during therapy.
 - Call your health care provider if you have any of these symptoms of high blood sugar while taking SEROQUEL XR
 - feel very thirsty
 - need to urinate more than usual
 - feel very hungry
 - feel weak or tired
 - feel sick to your stomach
 - feel confused, or your breath smells fruity
- High cholesterol and triglyceride levels in the blood (fat in the blood):** High fat levels may happen in people treated with SEROQUEL XR. You may not have any symptoms, so your healthcare provider may decide to check your cholesterol and triglycerides during your treatment with SEROQUEL XR.
- Increase in weight (weight gain):** Weight gain is common in people who take SEROQUEL XR so you and your healthcare provider should check your weight regularly. Talk to your healthcare provider about ways to control weight gain, such as eating a healthy, balanced diet, and exercising.
- Tardive dyskinesia:** Tell your health care provider about any movements you cannot control in your face, tongue, or other body parts. These may be signs of a serious condition. Tardive dyskinesia may not go away, even if you stop taking SEROQUEL XR. Tardive dyskinesia may also start after you stop taking SEROQUEL XR
- Orthostatic hypotension (decreased blood pressure):** lightheadedness or fainting caused by a sudden change in heart rate and blood pressure when rising too quickly from a sitting or lying position
- Increases in blood pressure:** reported in children and teenagers. Your health care provider should check blood pressure in children and adolescents before starting SEROQUEL XR and during therapy. SEROQUEL XR is not approved for patients under 10 years of age
- Low white blood cell count**
- Cataracts**
- Seizures**
- Abnormal thyroid tests:** Your health care provider may do blood tests to check your thyroid hormone level
- Increases in prolactin levels:** Your health care provider may do blood tests to check your prolactin levels
- Sleepiness, drowsiness, feeling tired, difficulty thinking and doing normal activities**
- Increased body temperature**
- Difficulty swallowing**
- Trouble sleeping or trouble staying asleep (insomnia), nausea, or vomiting if you suddenly stop taking SEROQUEL XR.** These symptoms usually get better 1 week after you start having them.

Common possible side effects with SEROQUEL XR include:

- drowsiness
- dry mouth
- constipation
- dizziness
- increased appetite
- upset stomach
- weight gain
- fatigue
- difficulty moving
- stuffy nose

These are not all the possible side effects of SEROQUEL XR. For more information, ask your health care provider or pharmacist.

Call your health care provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store SEROQUEL XR?

- Store SEROQUEL XR at room temperature, between 59°F to 86°F (15°C to 30°C)
- Keep SEROQUEL XR and all medicines out of the reach of children

What are the ingredients in SEROQUEL XR?

Active ingredient: quetiapine fumarate

Inactive ingredients: lactose monohydrate, microcrystalline cellulose, sodium citrate, hypromellose, and magnesium stearate. The film coating for all SEROQUEL XR tablets contain hypromellose, polyethylene glycol 400 and titanium dioxide. In addition, yellow iron oxide (50, 200 and 300 mg tablets) and red iron oxide (50 mg tablets) are included in the film coating of specific strengths.

General information about SEROQUEL XR

Do not take SEROQUEL XR unless your health care provider has prescribed it for you for your condition. Do not share SEROQUEL XR with other people, even if they have the same condition. It may harm them.

NOTE: This summary provides important information about SEROQUEL XR. For more information about SEROQUEL XR, talk with your health care provider or pharmacist or call 1-800-236-9933. You can ask your health care provider for full Prescribing Information about SEROQUEL XR that is written for health care providers and discuss it with him or her.

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Wilmington, DE 19850
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Extended-release SEROQUEL XR is approved to treat episodes of bipolar disorder — mania (highs), mixed (highs and lows), and depression (lows).

Important Safety Information

Elderly patients with dementia-related psychosis (for example, an inability to perform daily activities as a result of increased memory loss) treated with this type of medicine are at an increased risk of death. SEROQUEL XR is not approved for treating these patients.

Antidepressants have increased the risk of suicidal thoughts and actions in some children, teenagers, and young adults. Patients of all ages starting treatment should be watched closely for worsening of depression, suicidal thoughts or actions, unusual changes in behavior, agitation, and irritability. Patients, families, and caregivers should pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed. These symptoms should be reported immediately to the doctor. SEROQUEL XR is not approved for children under the age of 10 years.

- Do not take SEROQUEL XR if you are allergic to quetiapine fumarate or any of the ingredients in SEROQUEL XR
- Stroke that can lead to death can happen in elderly people with dementia who take medicines like SEROQUEL XR
- Stop SEROQUEL XR and call your doctor right away if you have some or all of the following: high fever; excessive sweating; stiff muscles; confusion; changes in pulse, heart rate, and blood pressure. These may be symptoms of a rare, but very serious and potentially fatal, side effect called neuroleptic malignant syndrome (NMS)
- If you have diabetes or risk factors such as obesity or a family history of diabetes, your doctor should check your blood sugar before you start taking SEROQUEL XR and also during therapy. If you develop symptoms of high blood sugar or diabetes, such as excessive thirst or hunger, increased urination, or weakness, contact your doctor. Complications from diabetes can be serious and even life threatening

- Increases in triglycerides and in LDL (bad) cholesterol and decreases in HDL (good) cholesterol have been reported with SEROQUEL XR. Your doctor should check your cholesterol levels before you start SEROQUEL XR and during therapy
- Weight gain has been reported with SEROQUEL XR. Your doctor should check your weight regularly
- Tell your doctor about any movements you cannot control in your face, tongue, or other body parts, as they may be signs of a serious condition called tardive dyskinesia (TD). TD may not go away, even if you stop taking SEROQUEL XR. TD may also start after you stop taking SEROQUEL XR
- Tell your doctor if you have a history of low white blood cell count or seizures. Your doctor should check for cataracts. Other risks include feeling dizzy or lightheaded upon standing, decreases in white blood cells (which can be fatal), drowsiness and trouble swallowing
- Use caution before driving or operating machinery until you know that you can do so safely. Do not drink alcohol while taking SEROQUEL XR
- The most common side effects are drowsiness, dry mouth, constipation, dizziness, increased appetite, upset stomach, weight gain, fatigue, disturbance in speech and language, and stuffy nose

This is not a complete summary of safety information about prescription SEROQUEL XR.

Please read Important Product Information, including Boxed WARNINGS, on adjacent pages and discuss with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you're without prescription coverage and can't afford your medication, AstraZeneca may be able to help. For more information, please visit AstraZeneca-us.com

“There’s a space between my manic highs and depressive lows. It’s where I feel like me. That’s where I want to be.”

finding
my
center

SEROQUEL XR is proven effective to treat the manic highs and depressive lows of bipolar disorder. SEROQUEL XR is a once-daily extended-release tablet, which means medication is released around the clock.

Ask your doctor about prescription SEROQUEL XR for help finding your center.

Learn more at SEROQUELXR.com

1-800-4-SEROQUELXR

Once-daily
SEROQUEL XR[®]
quetiapine fumarate
extended-release tablets

Please read Important Product Information, including Boxed WARNINGS, on adjacent pages and discuss with your doctor.

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